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Clark v. Cry Baby Foods, LLC Agency's Record v. 1 Dckt. 40016

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BEFORE THE SUPREME COURT OF THE STATE OF IDAHO

LAW CLERK

JAMES W. CLARK,

Claimant-Appellant,

v.

CRY BABE FOODS, LLC, Employer

Defendant,

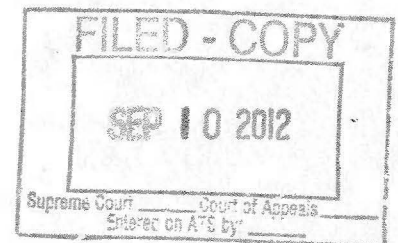
and

IDAHO STATE INSURANCE FUND,
Surety,

Defendant-Respondent.

Supreme Court Docket No. 40016-2012
Industrial Commission No. 2008-013505

AGENCY'S RECORD
Volume 1



BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

Claimant/Appellant Pro Se:

JAMES W. CLARK
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VANCOUVER, WA 98660

Defendant/Respondent:

IDAHO STATE INSURANCE FUND

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AGENCY'S RECORD – Volume 1 (Re: James Clark Docket #40016)

40016

COPY

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JAMES W. CLARK,

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v.

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IDAHO STATE INSURANCE FUND

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TO BE LODGED WITH THE SUPREME COURT.**

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4. Deposition of Robert Hansen, M.D. taken December 17, 2010
5. Deposition of Craig W. Beaver, Ph.D. taken February 24, 2011
6. Deposition of Douglas N. Crum, C.D.M.S. taken February 24, 2011
7. Deposition of Richard W. Wilson, M.D. taken March 2, 2011

Briefs:

8. Claimant's Post-Hearing Brief, filed March 31, 2011
9. Claimant's Amended Brief, filed April 1, 2011
10. Defendant's Post hearing Brief, filed May 13, 2011
11. Claimant's Brief, (11 pages and 25 pages) filed May 27, 2011
12. Claimant's Responsive Post-Hearing Brief, filed May 31, 2011
13. Claimant's Brief, filed May 31, 2011

14. Correspondence from June 30, 2008 through May 2, 2012:

- Letter to James Clark from IIC, dated July 9, 2008
- Copy of letter to James Clark from State Insurance Fund, dated July 15, 2008
- Copy of Letter to James Clark from State Insurance Fund, dated July 28, 2008
- Letter to IIC from Alan K. Hull, dated August 6, 2008
- Letter to IIC from Alan Hull, dated August 15, 2008
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- Letter to James W. Clark from IIC, dated August 19, 2008
- Letter to IIC from Rachael M. O'Bar, dated September 10, 2008
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- Fax cover letter to IIC with unsigned Response to Claimant's Request for Mediation, dated December 29, 2008
- Letter to IIC from Rachael M. O'Bar, dated January 6, 2009
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- Copy of letter to James Clark from Rachael M. O'Bar, dated January 21, 2009
- Copy of letter to James Clark from Rachael M. O'Bar, w/enclosures, dated January 23, 2009
- Copy of letter to James Clark from Rachael M. O'Bar, dated January 27, 2009
- Copy of letter to James Clark from Alan Hull, dated February 4, 2009

- Letter to IIC from Rachael M. O'Bar, dated February 11, 2009
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- Letter to IIC from Rachael M. O'Bar, dated February 25, 2009
- Letter to IIC from Rachael M. O'Bar for Alan K. Hull, dated February 27, 2009
- Letter to IIC from Rachael M. O'Bar for Alan K. Hull, dated February 27, 2009
- Letter to IIC from Alan K. Hull, dated March 3, 2009
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- Letter to IIC from Rachael M. O'Bar for Alan K. Hull, dated August 26, 2009
- Letter to IIC from Rachael M. O'Bar, dated August 28, 2009
- Letter to James Clark from Counsel for Defendants, dated August 28, 2009
- Letter to IIC from Alan K. Hull, dated November 13, 2009
- Letter to IIC from Rachael M. O'Bar, dated January 8, 2010
- Letter to IIC from Lynn M. Luker, dated January 7, 2010
- Letter to IIC from Lynn M. Luker, dated February 9, 2010
- Letter to IIC from Rachael M. O'Bar, dated March 3, 2010
- Letter to IIC from Lynn M. Luker, dated March 13, 2010
- Letter to IIC from Lynn M. Luker, dated June 17 2010
- Letter to IIC from Rachael M. O'Bar, dated June 25, 2010
- Letter to IIC from Rachael M. O'Bar, dated August 12, 2010
- Letter to IIC from Rachael M. O'Bar, dated August 26, 2010
- Letter to IIC from Alan K. Hull, dated October 6, 2010
- Letter to IIC from Alan K. Hull, dated October 7, 2010
- Letter to IIC from Lynn M. Luker, dated October 11, 2010
- Letter to Commissioners Maynard, Limbaugh and Baskin from Rachael M. O'Bar, dated November 4, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 5, 2010
- Letter to IIC from Lynn M. Luker, dated November 5, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 8, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 9, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 9, 2010
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- Letter to IIC from Rachael M. O'Bar, dated November 17, 2010
- Letter to IIC from Alan K. Hull, dated November 22, 2010
- Letter to IIC from Lynn M. Luker, filed November 23, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 30, 2010
- Faxed letter to IIC from Rachael M. O'Bar, dated December 7, 2010
- Letter to IIC from Rachael M. O'Bar, dated December 8, 2010
- Letter to IIC from Rachael M. O'Bar, dated December 13, 2010
- Letter to IIC from Rachael M. O'Bar, dated December 14, 2010

- Letter to IIC from Lynn M. Luker, dated December 15, 2010
- Letter to IIC from Lynn M. Luker, dated December 20, 2010
- Letter to IIC from Rachael M. O'Bar, dated December 21, 2010
- Letter to IIC from Lynn M. Luker, dated December 23, 2010
- Letter to IIC from Rachael M. O'Bar, dated January 11, 2011
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- Letter to IIC from Rachael M. O'Bar, dated February 7, 2011
- Letter to IIC from Rachael M. O'Bar, dated February 23, 2011
- Letter to IIC from Rachael M. O'Bar, dated March 8, 2011
- Copy of letter to James Clark from Rachael M. O'Bar, dated March 21, 2011
- Letter to IIC from Rachael M. O'Bar, dated May 6, 2011
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- Letter to Referee from Rachael M. O'Bar, dated February 2, 2012
- Copy of Letter to James Clark from Rachael M. O'Bar, dated March 8, 2012
- Letter to IIC from Luker to IIC, dated May 8, 2012
- Letter to IIC from Rachael M. O'Bar, dated May 23, 2012
- Letter to IIC from Luker to IIC, dated June 7, 2012
- Letter to IIC from Rachael M. O'Bar, dated June 13, 2012

Other:

15. Exhibits to Claimant's 9th Continuation of Documents and Things, dated and filed February 17, 2011 (found at page 1017 of the Agency's record).
16. Continuation of medical records for consideration on claimant's claim of April 17, 2008, dated and filed March 29, 2011, (found at page 1041 of the Agency's Record).
17. Claimant's Requests for Additional Documents No. 3, 4 and 5 in Notice of Appeal: The Industrial Commission has no knowledge of what release forms and letters were used to obtain particular medical records. Therefore, it is unknown whether this information is included in the Agency's Record.
18. Claimant's Request for Additional Documents No. 6 in the Notice of Appeal: There is no such Complaint in the Agency's Record. Original Complaint was filed July 2, 2008, and is found on page 1 of the Agency's record.
19. Claimant's Request for Additional Documents No. 8 in the Notice of Appeal: Information regarding Dr. Steinberg is located in Joint Exhibit 4.

WORKERS' COMPENSATION COMPLAINT

CLAIMANT'S (INJURED WORKER) NAME AND ADDRESS <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> James W. Clark PAYETTE Idaho 83661 TELEPHONE NUMBER: <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>		CLAIMANT'S ATTORNEY'S NAME, ADDRESS, AND TELEPHONE NUMBER
EMPLOYER'S NAME AND ADDRESS (at time of injury) Cry Baby Foods LLC 482 Industrial Rd Weiser Id. 83672		WORKERS' COMPENSATION INSURANCE CARRIER'S (NOT ADJUSTOR'S) NAME AND ADDRESS Idaho State Insurance Fund 1215 W State Street Boise Idaho 83720-0044
CLAIMANT'S SOCIAL SECURITY NO. <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	CLAIMANT'S BIRTHDATE <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	DATE OF INJURY OR MANIFESTATION OF OCCUPATIONAL DISEASE 4-12-08 Crush arm
STATE AND COUNTY IN WHICH INJURY OCCURRED Idaho Wash. County		WHEN INJURED, CLAIMANT WAS EARNING AN AVERAGE WEEKLY WAGE OF: \$ _____ PURSUANT TO IDAHO CODE § 72-419
DESCRIBE HOW INJURY OR OCCUPATIONAL DISEASE OCCURRED (WHAT HAPPENED) Arm was pulled into Roller's on an oven mach		
NATURE OF MEDICAL PROBLEMS ALLEGED AS A RESULT OF ACCIDENT OR OCCUPATIONAL DISEASE Can not use Right hand and arm		
WHAT WORKERS' COMPENSATION BENEFITS ARE YOU CLAIMING AT THIS TIME? Back Pay That I did not receive from 6-5-08 Thru 6-12-08		
DATE ON WHICH NOTICE OF INJURY WAS GIVEN TO EMPLOYER 4-17-08	TO WHOM NOTICE WAS GIVEN Plant Supervisor	
HOW NOTICE WAS GIVEN: <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> OTHER, PLEASE SPECIFY By another employee do to I was stuck in Roller's		
ISSUE OR ISSUES INVOLVED I feel I should be paid Thru 6-5-08 Thru 6-12-08. The Doctor That I ask for The Referral from Released me to work and I knew I was not Ready. The Doctor I got The Referral from To Release me from work for I was not Ready To Return To work		
DO YOU BELIEVE THIS CLAIM PRESENTS A NEW QUESTION OF LAW OR A COMPLICATED SET OF FACTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE STATE WHY. I have one Doctor That I had not Seen for Three weeks, after asking for Referral Returns me Back To work Though I had not seen his office for 3 weeks. Then when I seen new doctor he Release me Back to work for I was not Ready To Return do to Severity of injury.		
NOTICE: COMPLAINTS AGAINST THE INDUSTRIAL SPECIAL INDEMNITY FUND MUST BE IN ACCORDANCE WITH IDAHO CODE § 72-334 AND FILED ON FORM LC. 1002		

PHYSICIANS WHO TREATED CLAIMANT (NAME AND ADDRESS)

WHAT MEDICAL COSTS HAVE YOU INCURRED TO DATE?

WHAT MEDICAL COSTS HAS YOUR EMPLOYER PAID, IF ANY? \$

WHAT MEDICAL COSTS HAVE YOU PAID, IF ANY? \$

I AM INTERESTED IN MEDIATING THIS CLAIM, IF THE OTHER PARTIES AGREE.

☒ YES ☐ NO

DATE

SIGNATURE OF CLAIMANT OR ATTORNEY

PLEASE ANSWER THE SET OF QUESTIONS IMMEDIATELY BELOW
ONLY IF CLAIM IS MADE FOR DEATH BENEFITS

NAME AND SOCIAL SECURITY NUMBER OF PARTY
FILING COMPLAINT

DATE OF DEATH

RELATION TO DECEASED CLAIMANT

WAS FILING PARTY DEPENDENT ON DECEASED?

☐ YES ☐ NO

DID FILING PARTY LIVE WITH DECEASED AT TIME OF ACCIDENT?

☐ YES ☐ NO

CLAIMANT MUST COMPLETE, SIGN AND DATE THE ATTACHED MEDICAL RELEASE FORM

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20__, I caused to be served a true and correct copy of the foregoing Complaint upon:

EMPLOYER'S NAME AND ADDRESS

SURETY'S NAME AND ADDRESS

Cry Baby Foods LLC
482 Industrial Rd
Welser Id. 83672

via: ☐ personal service of process

via: ☐ personal service of process

☐ regular U.S. Mail

☐ regular U.S. Mail

Signature

NOTICE: An Employer or Insurance Company served with a Complaint must file an Answer on Form I.C. 1003 with the Industrial Commission within 21 days of the date of service as specified on the certificate of mailing to avoid default. If no answer is filed, a Default Award may be entered!

Further information may be obtained from: Industrial Commission, Judicial Division, P.O. Box 83720, Boise, Idaho 83720-0041 (208) 334-6000.

(COMPLETE MEDICAL RELEASE FORM ON PAGE 3)

Complaint - Page 2 of 3

Patient Name: JAMES CLARK
Birth Date: 11-10-58
Address: 10402 RR In. Fayette Id.
Phone Number: 208 405-9538
SSN or Case Number: 548-02-8487

(Provider Use Only)	
Medical Record Number:	_____
<input type="checkbox"/> Pick up Copies	<input type="checkbox"/> Fax Copies # _____
<input type="checkbox"/> Mail Copies	
ID Confirmed by:	_____

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize Dr. Hansen to disclose health information as specified:
Provider Name - must be specific for each provider

To: _____
Insurance Company/Third Party Administrator/Self Insured Employer/ISIF, their attorneys or patient's attorney
Idaho State Insurance Fund
Street Address
1215 W State Street Boise Id. 83720
City State Zip Code

Purpose or need for data: Hearing
(e.g. Worker's Compensation Claim)

Information to be disclosed: _____ Date(s) of Hospitalization/Care: _____

- ☐ Discharge Summary
- ☐ History & Physical Exam
- ☐ Consultation Reports
- ☐ Operative Reports
- ☐ Lab
- ☐ Pathology
- ☐ Radiology Reports
- ☒ Entire Record
- ☐ Other: Specify _____

I understand that the disclosure may include information relating to (check if applicable):

- ☐ AIDS or HIV
- ☐ Psychiatric or Mental Health Information
- ☐ Drug/Alcohol Abuse Information

I understand that the information to be released may include material that is protected by Federal Law (45 CFR Part 164) and that the information may be subject to redisclosure by the recipient and no longer be protected by the federal regulations. I understand that this authorization may be revoked in writing at any time by notifying the privacy officer, except that revoking the authorization won't apply to information already released in response to this authorization. I understand that the provider will not condition treatment, payment, enrollment, or eligibility for benefits on my signing this authorization. Unless otherwise revoked, this authorization will expire upon resolution of worker's compensation claim. Provider, its employees, officers, copy service contractor, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized by me on this form and as outlined in the Notice of Privacy. My signature below authorizes release of all information specified in this authorization. Any questions that I have regarding disclosure may be directed to the privacy officer of the Provider specified above.

[Signature]
Signature of Patient

6-30-08
Date

Signature of Legal Representative & Relationship to Patient/Authority to Act

Date

Signature of Witness

Title

Date

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF
SERVICE OF WORKERS'
COMPENSATION COMPLAINT

FILED

JUL - 9 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 9th day of July, 2008, a true and correct copy of the foregoing **Workers' Compensation Complaint** was served by regular United States Mail upon each of the following:

Cry Baby Foods, LLC
482 Industrial Road
Weiser, ID 83672
See amended 7/11/08

Idaho State Insurance Fund
P.O. Box 83720
Boise, ID 83720-0044

INDUSTRIAL COMMISSION

Dena K. Burke

Dena K. Burke
Assistant Commission Secretary

cc: James W. Clark
10402 Rail Road Lane
Payette, ID 83661

CERTIFICATE OF SERVICE OF WORKERS' COMPENSATION COMPLAINT - 1

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

AMENDED
CERTIFICATE OF
SERVICE OF WORKERS'
COMPENSATION COMPLAINT

FILED

JUL 11 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 11th day of July, 2008, a true and correct copy of the foregoing *Workers' Compensation Complaint* was served by regular United States Mail upon each of the following:

Cry Baby Foods, LLC
P.O. Box 647
Weiser, ID 83672

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

cc: James W. Clark
10402 Rail Road Lane
Payette, ID 83661

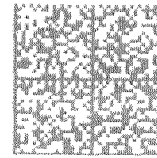
Idaho State Insurance Fund
P.O. Box 83720
Boise, ID 83720-0044

AMENDED CERTIFICATE OF SERVICE OF
WORKERS' COMPENSATION COMPLAINT - 1

STATE OF IDAHO
INDUSTRIAL COMMISSION
P.O. Box 83720
Boise, Idaho 83720-0041

RETURN SERVICE
REQUESTED

PRESORTED
FIRST CLASS



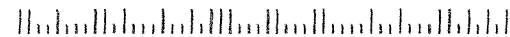
UNITED STATES POSTAGE
CRY BABY FOODS
02 1M \$ 00.32⁴
0004227270 JUL 09 2008
MAILED FROM ZIP CODE 83702

CRY BABY FOODS, LLC
482 INDUSTRIAL ROAD
WEISER, ID 83672

837 DBE 1 8061 72 07/10/08
RETURN TO SENDER
: CRY BABY FOODS
PO BOX 847
WEISER ID 83672-0647

RETURN TO SENDER

EAACSE1 8367
83720@0041



SIF 200806268

ANSWER TO COMPLAINT

I.C. NO. 2008-013505

INJURY DATE 4/17/08

- ☒ The above-named employer or employer/surety responds to Claimant's Complaint by stating:
☐ The Industrial Special Indemnity Fund responds to the Complaint against the ISIF by stating:

CLAIMANT'S NAME AND ADDRESS James Clark 10402 Railroad Lane Payette, ID 83661	CLAIMANT'S ATTORNEY'S NAME AND ADDRESS Pro Se RECEIVED INDUSTRIAL COMMISSION 7008 44 28 11:45
EMPLOYER'S NAME AND ADDRESS Cry Baby Foods, LLC PO Box 647 Weiser, ID 83672 TELEPHONE NUMBER:	WORKERS' COMPENSATION INSURANCE CARRIER'S (NOT ADJUSTOR'S) NAME AND ADDRESS State Insurance Fund 1215 W. State Street P.O. Box 83720 Boise, ID 83720-0044
ATTORNEY REPRESENTING EMPLOYER OR EMPLOYER/SURETY (NAME AND ADDRESS) David J. Lee State Insurance Fund P.O. Box 83720 Boise, ID 83720-0044	ATTORNEY REPRESENTING INDUSTRIAL SPECIAL INDEMNITY FUND (NAME AND ADDRESS)

IT IS: (Check One)	
Admitted	Denied
X	
X	
X	
X	
Not	Applicable
X	
None	Alleges
X	

1. That the accident or occupational exposure alleged in the Complaint actually occurred on or about the time claimed.
2. That the employer/employee relationship existed.
3. That the parties were subject to the provisions of the Idaho Workers' Compensation Act.
4. That the condition for which benefits are claimed was caused partly ☒ entirely ☐ by an accident arising out of and in the course of Claimant's employment.
5. That, if an occupational disease is alleged, manifestation of such disease is or was due to the nature of the employment in which the hazards of such disease actually exist, are characteristic of and peculiar to the trade, occupation, process, or employment.
6. That notice of the accident causing the injury, or notice of the occupational disease, was given to the employer as soon as practical but not later than 60 days after such accident or 60 days of the manifestation of such occupational disease.
7. That the rate of wages claimed is correct. If denied, state the average weekly wage pursuant to Idaho Code, § 72-419: \$ 463.75
8. That the alleged employer was insured or permissibly self-insured under the Idaho Workers' Compensation Act.

9. What benefits, if any, do you concede are due Claimant?

TTDs and medicals paid to date.

(Continued from front)

10. State with specificity what matters are in dispute and your reason for denying liability, together with any affirmative defenses.

Defendants deny each and every allegation of Claimant's complaint not admitted herein.

Defendants are currently reviewing Claimant's entitlement to TTDs for the disputed period (June 5, 2008, through June 12, 2008) and will amend this answer when that review is complete.

Under the Commission rules, you have 21 days from the date of service of the Complaint to answer the Complaint. A copy of your Answer must be mailed to the Commission and a copy must be served on all parties or their attorneys by regular U.S. mail or by personal service of process. Unless you deny liability, you should pay immediately the compensation required by law, and not cause the claimant, as well as yourself, the expense of a hearing. All compensation which is concededly due and accrued should be paid. Payments due should not be withheld because a Complaint has been filed. Rule 3.D., Judicial Rules of Practice and Procedure under the Idaho Workers' Compensation Law, applies. Complaints against the Industrial Special Indemnity Fund must be filed on Form I.C. 1002.

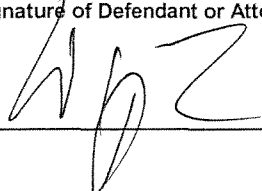
I AM INTERESTED IN MEDIATING THIS CLAIM, IF THE OTHER PARTIES AGREE.

☐ YES

☒ NO

DO YOU BELIEVE THIS CLAIM PRESENTS A NEW QUESTION OF LAW OR A COMPLICATED SET OF FACTS? IF SO, PLEASE STATE.

None

Amount of Compensation Paid to Date			Dated	Signature of Defendant or Attorney
PPI/PPD	TTD	Medical		
\$0	\$3,496.11	\$ 20,536.27	July 25, 2008	

PLEASE COMPLETE

CERTIFICATE OF SERVICE

I hereby certify that on the 25th day of July, 2008, I caused to be served a true and correct copy of the foregoing Answer upon:

CLAIMANT'S NAME AND ADDRESS

**EMPLOYER AND SURETY'S
NAME AND ADDRESS**

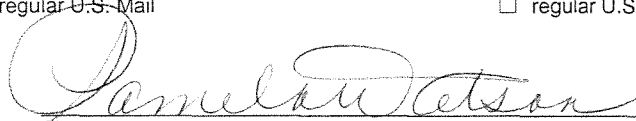
**INDUSTRIAL SPECIAL INDEMNITY FUND
(if applicable)**

James Clark
10402 Railroad Lane
Payette, ID 83661

via: ☐ personal service of process
☒ regular U.S. Mail

via: ☐ personal service of process
☐ regular U.S. Mail

via: ☐ personal service of process
☐ regular U.S. Mail


Signature

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

AUG - 5 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 5th day of August, 2008, a true and correct copy of the
CLAIMANT'S TWO LETTERS (5 pages) FILED AUGUST 5, 2008, in the above-entitled
matter, was *Sent by Facsimile Machine Process ONLY* to the following:

David J. Lee Fax #: 332-2225
State Insurance Fund
P.O. Box 83720
Boise, ID 83720-0044

INDUSTRIAL COMMISSION



Dena K. Burke
Assistant Commission Secretary

CERTIFICATE OF SERVICE - 1

Answer To:
Answer To
Complaint of
July 25, 2008

august 1, 2008
injury Date. April 17, 2008
Claim no. SIF 200806268
I.C. no. 2008-013505

To David Lee

Yes i am no Attorney Put
You See The 317,83 of Time Loss or
TTDS That i fill i am due has Coured
me a great deal of hardship.

I will Show To The Idaho Industrial
Commission That Carol garland Should
Have waited For my Doctor Appointment
with Dr Hansen on may 30, 2008 To
determine my Return To work.

Rather then "Pushing" or "Rushing"
Doctor gross To Return me Back To
work on may 29, 2008 Bedor I was
To See Dr Hansen on may 30, 2008

I do not agree To your answer's
To my Complaint.

I will Show That The Idaho State
Insurance Fund had no Remores for
my injury and how They work
harder Trying To Put me

page 102

ANSWER TO
ANSWER TO COMPLAINT
IC NO. 2008-013505

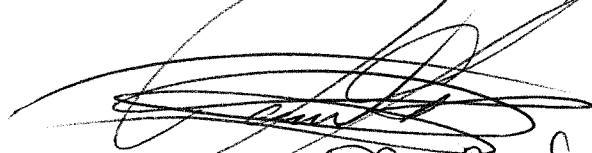
Back To work in one day so
They did not Have to pay TTDs

I will show That once Dr Hansen
was on notice That i had Been Released
Back To work and how That Dr Hansen
Took me Back off work

Mr Lee Idaho State Insurance
Fund Should Pay ME The TTDs of
317.83 That is being disputed instead
of wasting The Idaho state Commission's
Time and Delaying my Hardship.

Sincerely:

James W Clark



PG 2 of 2

August 1, 2008

August 1, 08

TO: Idaho Industrial Commission

Injury Date April 17, 2008

Sif no. 200806268

I.C. no. 2008-013505

2008 AUG -5 AM 9:55
RECEIVED
IDaho INDUSTRIAL COMMISSION

I James Clark is Requesting
To move forward and To have a
Hearing on my complaint That i
filed with your office on The
9th day of July 2008.

Reason for Hearing:

1- TTDs of 317.83 I should Receive
That is in dispute. between Jun, 5, 2008 - June 12, 08

2- To Show That Light dutie accommadation
was not check out to see if These
accommadation were able To Be
Performed on may 29, 2008 other
Then hearsay in a Safe manner

3- To Show That i was not Ready To Return
To work on ~~may~~ Jun 3, 2008

4- To Show That i was not informed
That i was being Relased Back To
full dutie with Light Restriction from ~~(2108)~~
12

8-1-08

from a Doctor Before Returning To
work.

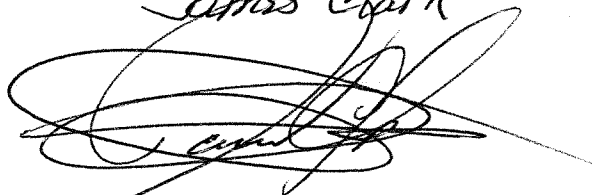
5- To Show That Dr. gross should
not have made a medical opinion
To Release me Back To work when I have
not seen Him for 3 weeks prior to seeing
Dr Hansen on may 30, 2008

6- To Show That I did not see Dr gross
on may 29, 2008 That The objective
medical data was Taken from

So with This I am Asking The Idaho
Industrial Commission To move forward for
a hearing on These matters. And i am
asking The Commission for a speedy hearing
do To The Hardship This has Put upon me.

Thank you for your time on This matter

Sincerely
James Clark



Page 2 of 2

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

NOTICE TO THE PARTIES

FILED

AUG - 6 2008

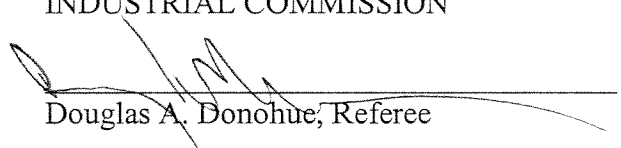
INDUSTRIAL COMMISSION

Pursuant to Claimant's letters filed August 5, 2008, and faxed to Defendants on August 5, 2008, the Referee reviewed the file herein and being fully advised in the premises,

HEREBY GIVES NOTICE TO THE PARTIES that Claimant's letter shall be identified as a Request for Calendaring. Defendants shall have time to respond to Claimant's request pursuant to the Judicial Rules.

DATED this 6th day of August, 2008.

INDUSTRIAL COMMISSION


Douglas A. Donohue, Referee

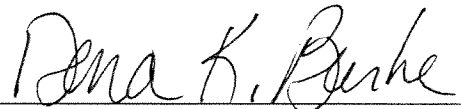
CERTIFICATE OF SERVICE

I hereby certify that on the 6th day of August, 2008, a true and correct copy of the **NOTICE TO THE PARTIES** was served by regular United States Mail upon each of the following:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

David J. Lee
State Insurance Fund
P.O. Box 83720
Boise, ID 83720-0044

db



NOTICE TO THE PARTIES - 1

ORIGINAL

David J. Lee, ISB # 4073
State Insurance Fund
1215 W. State
Statehouse Mail
Boise, ID 83720
(208) 332-2100

Attorney for Cry Baby Foods, LLC, and State Insurance Fund

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES CLARK,	)	IC NO.: 08-013505
)	
Claimant,)	
	)	SIF NO.: 200806268
vs.)	
)	
CRY BABY FOODS, LLC,)	
	)	NOTICE OF
Employer,	)	SUBSTITUTION OF
	)	COUNSEL
and)	
)	
STATE INSURANCE FUND,)	
)	
Surety,)	
Defendant)	

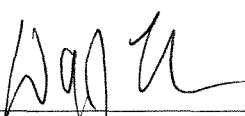
YOU ARE HEREBY NOTIFIED That Employer/Surety above named have substituted Alan K. Hull, Attorney at Law, as their attorney of record in the above-entitled action in the place and stead of David J. Lee, Attorney at Law.

2008 AUG -6 PM 4:13
RECEIVED
INDUSTRIAL COMMISSION

YOU ARE HEREBY NOTIFIED that all papers and documents in said action are to be served on the said Alan K. Hull at his address of Anderson, Julian & Hull, LLP, 250 South Fifth Street, Suite 700, P.O. Box 7426, Boise, Idaho 83707-7426.

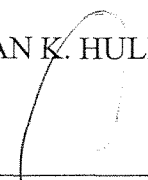
DATED This 1st day of August, 2008.

STATE INSURANCE FUND

By: 

DAVID J. LEE
Attorney for Defendants
State Insurance Fund and
Cry Baby Foods, LLC

ALAN K. HULL, ESQ.

By: 

ALAN K. HULL
Attorney for Defendants
State Insurance Fund and
Cry Baby Foods, LLC

CERTIFICATE OF SERVICE

I hereby certify that on this 4 day of August, 2008, I caused to be served a true and correct copy of the foregoing NOTICE OF SUBSTITUTION by placing a copy thereof in the United States Mail, postage prepaid, addressed to:

James Clark
10402 Rail Road Lane
Payette, ID 83661



ALAN K. HULL

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568

 **ORIGINAL**

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

NOTICE OF FILING

RECEIVED
JAN 15 2009
INDUSTRIAL COMMISSION

COME NOW Defendants, by and through their undersigned counsel of record, and give notice that on this date Defendants have filed INTERROGATOIREIS TO CLAIMANT and REQUESTS FOR PRODUCTION OF DOCUMENTS AND THINGS TO CLAIMANT.

DATED this 15 day of August, 2008.

ANDERSON, JULIAN & HULL LLP

By: 

Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 15 day of August, 2008, I served a true and correct copy of the foregoing **NOTICE OF FILING** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile



Alan K. Hull

 **ORIGINAL**

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**DEFENDANTS' OBJECTION TO
REQUEST FOR CALENDARING**

COMES NOW the Defendants, by and through their undersigned counsel and object to Claimant's Request for Calendaring. The objection is based upon the fact that Defendants have just recently been retained and have not had time to complete their investigation and discovery has just begun and the facts and issues need to be sought out.

DATED this 15 day of August, 2008.

ANDERSON, JULIAN & HULL LLP

By: _____

Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 15 day of August, 2008, I served a true and correct copy of the foregoing **DEFENDANTS' OBJECTION TO REQUEST FOR CALENDARING** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile

Alan K. Hull

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

ORDER ON CALENDARING

FILED

AUG 21 2008

INDUSTRIAL COMMISSION

Claimant's handwritten correspondence was deemed a request for calendaring. Defendants objected stating that calendaring was premature because discovery had just begun.

Idaho Code § 72-708 requires that "[p]rocess and procedure under this law shall be as summary and simple as reasonably may be and as far as possible in accordance with the rules of equity." Idaho statutes and other rules adopted by the Industrial Commission allow all parties to reasonably inquire to discover facts and the allegations of other parties. Here, Defendants have sent written discovery requests to Claimant.

Upon written confirmation from Claimant that he has answered Defendants' reasonable discovery requests, Claimant may again request calendaring of a hearing on his claim.

Defendants' objection is sustained.

IT IS SO ORDERED.

DATED this 21st day of August, 2008.

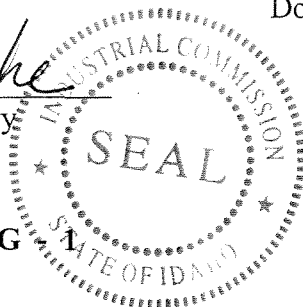
INDUSTRIAL COMMISSION

ATTEST:

Dena K. Burke
Assistant Commission Secretary

Douglas A. Donohue, Referee

ORDER ON CALENDARING



CERTIFICATE OF SERVICE

I hereby certify that on the 21st day of August, 2008, a true and correct copy of the **ORDER ON CALENDARING** was served by regular United States Mail upon the following:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

David J. Lee
State Insurance Fund
P.O. Box 83720
Boise, ID 83720-0044

db

Dana K. Burke

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)	
)	
Claimant,	)	IC 2008-013505
v.)	
)	
CRY BABY FOODS, LLC,	)	CERTIFICATE OF SERVICE
)	
Employer,)	
and)	
	)	FILED
IDAHO STATE INSURANCE FUND,	)	AUG 22 2008
)	
Surety,	)	INDUSTRIAL COMMISSION
Defendants.)	
)	

I hereby certify that on the 22nd day of August, 2008, a true and correct copy of the
ORDER ON CALENDARING FILED AUGUST 21, 2008, in the above-entitled matter,
was *Sent by Facsimile Machine Process ONLY* to the following:

Alan K. Hull Fax #: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

cc: James W. Clark
10402 Rail Road Lane
Payette, ID 83661

CERTIFICATE OF SERVICE - 1

I Sent a Complete
Copie of ALL
Documents + Letter's
To

Alan K. Hull
Attorney for The
Defendants

On
Sept 8, 2008

These are your
Copies

62 pgs

24

Aug 22, 2008

I Jame Clark Representing
mySelf at This Time am asking
for all document That has been
used on my behalf in or on The
Complaint That is in process
with The Commission That was
filed on

July 9, 2008


To Be granted ~~To Be used~~
for further use in Future
Litigation on my workman Comp
Claim Claim NO. 2008-013505
With out any ~~stipulations~~ stipulations of any kind.

YES ☐

NO ☐

if i already Can do This Then
disregard This Letter

Sincerely
James Clark



INDUSTRIAL COMMISSION

SEP - 9 2008

FILED

Sep 5, 2008

I James Clark Representing
myself at this time have sent
a True and Correct Copies of
all Document That was sent To
me To ~~3~~ The Industrial Commission
for Review To determine if they
have anything to do with my actual
Complaint filed on Jun 9, 2008
Before Responding To them and
They are:

1- Request for Documents and Things

2- Interrogatories

To Defendants I.C. no. 08-013505

On The 8 day of September 2008

To: Rachael M O'Bar

~~And~~ Anderson Julian + Hull

~~B.~~ PO. Box 7426

Boise Idaho

83707-7426

2008 SEP - 9 A 10:47
RECEIVED
INDUSTRIAL COMMISSION

Sept. 5, 2008

To:
The Industrial Commission
of The State of Idaho

I James Clark on my Complaint
file on July 9, 2008 Claim No.
IC 2008-013505 is asking
for The Industrial Commission
of The State of Idaho To award
me The Sum of:

250,000 Thousand
Dollar for The Total Disregard
and The Lack of Professionalism
and The Total Disregard and I
mean The Total Disregard To my
near Death Experience and The
Total Disregard To The injury I Received
on April 17, 2008.

Do To The Fact That i was
fighting with Carol Garland and
The Idaho state Insurance fund
from may 2, 2008 Through
may 29, 2008 To get my Referral
from Dr gross Sent to Dr Hansen

Pg 1 of 5

Office Befor my may 30, 2008
So Dr Hansen could Take over
Care Do To he (Dr Hansen) was
120 mile Closer to See.

Carol Garland from the
Idaho state Insurance Fund
did not like the fact that between
may 26, 2008 every day To
may 29, 2008 I was Calling her
office to make Sure That The
Referell was sent for I had already
had my appointment with Dr Hansen
set for may 30, 2008 and That
Dr Hansen was wanting to Council
my appointment Cause they have
not Recieved the ok To See me.
I had already had This appointment
with Dr Hansen for almost 3 week
set for may 30 2008

So Carol Garland from The
Idaho state Insurance Fund
Sent Dr gross a fabucated
Job Site Evaluation Befor
she (Carol Garland) from

Pg 2 of 5

The Idaho State Insurance fund on may 29, 2008 and was able to get This fabricated Job site evaluation sent and Received back from Dr gross on may 29, 2008 Befor she sent The Referral To Dr Hansen's office also on ~~The~~ may 29, 2008 so Dr Hansen Could see me the next Day on may 30, 2008 For Carol Garland At The Idaho state Insurance fund was unaware of The Sevreraty of my injury when she (Carol garland) at The Idaho state Insurance fund Pull This Very, Very unPerfessional stunt That Could have Ruine my Life for ever.

But Thank God That Dr Hansen once he found out at my Secend Visit on Jun 13, 2008 Took me Right Back of work.

pg 3 of 5

But during That week I was
a Total reek for I Refussed
To go Back To work for I knew
i was not able to Return to work
and I was not going To Let
Carol Harland from The
Idaho State Insurance Fund
Ruine my Life for ever and
wait To See what Dr Hansen
Perfessional apion was. and
he did Release Me back from
work Thank god.

What Scare's me is

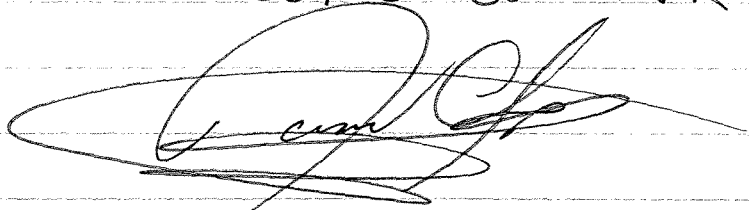
how many Lifes has she Carol Harland
done This To That did not Have
The mental Compacity or the
strenght To stand up and The family
Support That I had To help me
Through the Hell she Put me Through
So Please do what you fill is Right
and do the Right Thing and
award my The Sum of
250,000 Theusand dollaris

pg 4 of 5

That i am asking for for
what she ~~for~~ Carol Garland
Try To do To me on
may 29, 2008.

Thank you for your time
on this matter and will be
waiting for a Date and Time
for the hearing i have Requested.

Sincerely
James W. Clark

A handwritten signature in black ink, appearing to read 'James W. Clark', is written over a large, loopy, and somewhat illegible scribble.

Pg 5 of 5

Sept, 5, 2008

Mr Hull

I am also asking The
The Industrial Commission
of The state of Idaho To
award me The Sum of

250,000 Dollars
on The Complaint file

July 9, 2008 on Claim
no. IC 2008-013505 only
for The actual Complaint filed
To The Commission and not To
affect any other settlement that
may arise down The Road on
my injury.

for The mental anguish and
The stress and The emotional stress
That Carol Garland & The
Idaho State Insurance Fund
Put me through.

Through Jun 5, 2008 Throu
Jun 12, 2008 By Sending
Dr gross a false Job Site
Evaluation may 29, 2008) pg 1 of 3

INDUSTRIAL COMMISSION

SEP - 9 2008

FILED

1- my Last Visit with
Dr gross was may 2, 2008

2- I was never seen By any
medical Doctor To Be Released
for any kind of work, Befor may 29, 2008

3- I was un aware That I
had Been Released To work
of any kind on or Befor
may 29, 2008

These are Just a few and There
is more and as of Sept 12, 2008
I have still not Recieved anything
from a Doctor or from The
Idaho state Insurance fund a
Job Perscription of any kind for
a Return to work. or have
Seen a Doctor. Mr Hull Can
Your Client explain This?

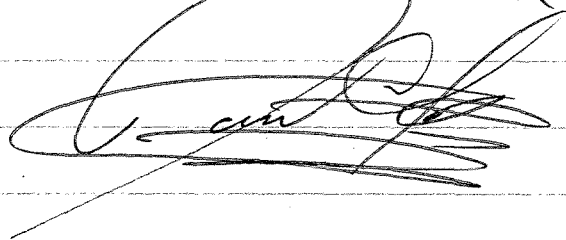
I am asking for This hearing
To move forward with out
anymore Delay's

pag 2 of 3

So Mr Hull again I
would like to know how
Carol Harland was able
To get a Doctor to Release
me Back To work without
Seeing a Doctor and Can your
Client ~~Exs~~plain why my new
Doctor once found out That
I was Released Back To full
Duties. Took me Back off
work Right away on Jun 13, 2008.
well Let me Say I Can
EXSplain That and That's
why i am asking The
Commission of The state of Idaho
To award me

250,000 Thousand
Dollars. and To Please move
forward for The hearing I have
Requested.

Sincerely
James Clark



pg 3 of 3

Aug 22, 2008

To The
Idaho State Industrial Commission

I James Clark Representing
myself at This Time is to
ask The Industrial Commission
To Please Review all document
That I Received from

Mr Hull Attorney for
Idaho State Insurance Fund
To Sign or Produce Have
anything To do with my actual
Complaint filed July 9, 2008
Before I Sign and move forward.

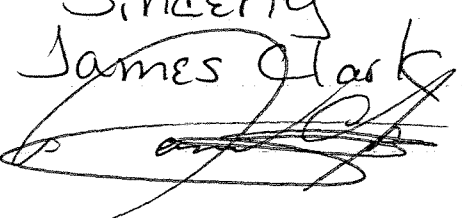
INDUSTRIAL COMMISSION

SEP - 9 2008

FILED

And if not Then again I am
asking you to Please ~~forward for~~
~~me~~ move forward To set a hearing
So ~~that~~ I Can move on ~~to~~ and
not Delay This any longer with
more Paper work I Can already
Vision Thank you for your
Time on This matter

Page 1 of 2

Sincerely
James Clark


Page 2 of 2


(Please do The right Thing)
nowhere in my Actual Complaint
That was filed on July 9, 2008
That any of The Phrase's
our words or any where in
my Complaint

Accident
occured
Injuries
Travel

I have never filed a Complaint
on ACCIDENT That occured
~~when when~~
when Traveling That Resulted
in Injure.

This is what EVERYTHING
That was sent to me is -
nothing to do with my
Complaint

File Date of
July 9, 2008


JAMES CLARK
21

IC. NO. 08-013505
To Mr Hull Attorney for:
Idaho State Insurance Fund
Crybaby Foods LLC

aug 22, 2008

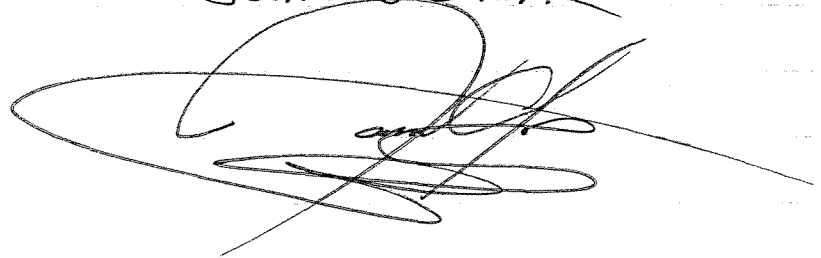
Here is a Letter To Your Request
for (Production of Documents
And Things to Claimant)

What do you mean by
"And Things"

You want me to send you my
used Soap or my Holy Socks
our what? ~~So~~ And Things Can
mean anything So explain?

I James Clark at This Time
will not ~~sign~~ Sign or Produce
any Documents And Things
to Claimant At This Time.

Sincerely
James Clark

A large, stylized handwritten signature in black ink, appearing to be 'James Clark' with a large loop and a horizontal line through it.

INDUSTRIAL COMMISSION

SEP - 9 2008

FILED

COPY

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**REQUESTS FOR PRODUCTION OF
DOCUMENTS AND THINGS TO
CLAIMANT**

TO: CLAIMANT:

You are hereby requested to produce at the law offices of Anderson, Julian & Hull, C. W. Moore Plaza, 250 South 5th Street, Suite 700, Boise, Idaho, within thirty (30) days of the service upon you of this Request for Production of Documents and Things, the following documents and things for inspection and/or copying. You may, in the alternative, attach a copy of the requested documents

and things to your response to this Request. This Request for Production of Documents and Things is a continuing request which requires that you supplement your response as additional material requested in this Request for Production of Documents and Things becomes available to you or your attorney.

REQUEST NO. 1: Please produce copies of each and every medical report which you have that pertains to Claimant. Include within your response copies of all lab tests, or other medical tests as well as reports, notes or letters of each and every physician or health provider you have seen. If you have x-rays, include a description of each x-ray as to date taken and physician who ordered it.

REQUEST NO. 2: Please produce a copy of each and every exhibit of whatever type that you intend to use at the hearing or during any deposition to be taken in this case. Include within your response copies of any photographs, x-rays or other tangible items which you may have that you intend to use as exhibits in this case.

REQUEST NO. 3: Please produce your income tax returns, both state and federal, for the ten years immediately preceding your alleged injury. By this Request, we seek a complete copy of each and every return you have filed, all W-2's, 1099's, or other evidence of earned income, and require the same to be produced. In the event that you do not have the tax returns, W-2's, 1099's, or other evidence of earned income, you are required to obtain them from the tax preparer or the Internal Revenue Service and the State Tax Commission of the State of Idaho.

REQUEST NO. 4: You are requested to produce complete copies of your tax returns, both state and federal, for the year of your alleged injury and every year thereafter to the present. By this Request, we seek a complete copy of each and every return you have filed, all W-2's, 1099's, or other evidence of earned income, and require the same to be produced. In the event that you do not have the tax returns, W-2's, 1099's, or other evidence of earned income, you are required to obtain them from the tax preparer or the Internal Revenue Service and the State Tax Commission of the State of Idaho.

REQUEST NO. 5: Produce any and all correspondence which Claimant, Claimant's attorney, or anyone acting on behalf or at the request of Claimant has had with any of Claimant's physicians, health providers, rehabilitation specialists, or anyone else providing services in this claim.

DATED this 15th day of August, 2008.

ANDERSON, JULIAN & HULL LLP

By: AKH
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 15th day of August, 2008, I served a true and correct copy of the foregoing **REQUESTS FOR PRODUCTION OF DOCUMENTS AND THINGS TO CLAIMANT** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile

151

Alan K. Hull

IC. NO. 08-013505 aug 22, 2008
To Mr Hull Attorney for:
Idaho State Insurance Fund
Cry Baby Food's LLC

INDUSTRIAL COMMISSION

SEP - 9 2008

FILED

Here is a letter to your
Request for Interrogatories to Claimant
" Lets Look at Interrogatory NO. 10"
during my Life Time

When i was 5 years old I had To
Pick up Dog food for .25¢ so I
Can make money. This job would
Follow under Self-Employment
1- had To find Job 2- Had To Perform
The Job 3- get money and Then
Run To The Candy Store. Is This what you mean.

I James Clark at This Time
will ~~Sign~~ not Sign or Produce
any document at This Time

Sincerely
James Clark

COPY

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**INTERROGATORIES TO
CLAIMANT**

TO: CLAIMANT:

COME NOW the Defendants, pursuant to the rules and regulations of the Industrial Commission of the State of Idaho and hereby submit the following interrogatories and request that the same be answered under oath and within thirty (30) days from the date of receipt thereof as provided in said rules and regulations promulgated by the Industrial Commission of the State of Idaho. If you cannot

answer any interrogatory in full after exercising due diligence to secure the information, so state, specifying the reason for your inability to answer and, to the extent possible, state whatever information and knowledge you have concerning the remainder.

These interrogatories are deemed continuing interrogatories and your answers thereto are to be supplemented as additional information becomes available to you.

INTERROGATORY NO. 1: State the names and addresses of all persons who witnessed the accident alleged in your Complaint; in regard to each of said witnesses, state what you contend each of said witnesses observed and the location of each of said witnesses from the point where said alleged accident occurred.

INTERROGATORY NO. 2: State specifically and expressly all of the circumstances surrounding said alleged accident, that is, how said alleged accident occurred.

INTERROGATORY NO. 3: State whether, since the date of said accident alleged in your Complaint, you have been employed in any capacity whatsoever. If so, state the names and addresses of all businesses or persons for whom you have been employed, and in each of said instances of employment, state the periods of employment, the nature of your duties in each of said employments and your earnings. Include within your answer any self-employment.

INTERROGATORY NO. 4: Have you applied for unemployment compensation benefits since the date of the accident alleged in your Complaint? If so, state whether you received unemployment compensation benefits; if so, the periods covered, the amounts received and the jurisdiction which was the source of said benefits.

INTERROGATORY NO. 5: State whether, since the date of the accident alleged in your Complaint, you have made application for employment with any individual, business or agency. If so, state the name and address of the person, business or agency with whom you made such application for employment and in each instance, the date of said application or applications.

INTERROGATORY NO. 6: State whether, since the date of the accident alleged in your Complaint, you have engaged in any travel outside the State of Idaho; if so, state when said travel occurred, where you traveled to and the dates in regard to each of said trips.

INTERROGATORY NO. 7: State precisely and in detail all injuries which you allege occurred as a result of the accident alleged in your Complaint.

INTERROGATORY NO. 8: State the names and addresses of all practitioners of the healing arts who have examined or treated you as a result of the alleged injuries which you allege resulted from said alleged accident. In regard to each of said practitioners, state the dates of said treatment and/or examinations. Include within your answer the names and addresses of any hospitals in which you have

been hospitalized and the dates of the hospitalizations. Describe in detail any treatment you received.

X INTERROGATORY NO. 9: Preceding the date of the accident alleged in your Complaint, state the names and addresses of all practitioners of the healing arts who examined or treated you for any reason at any time during your lifetime and the approximate dates of such examinations and/or treatments and the nature of your injuries or condition necessitating each of said examinations or treatments. Include within your answer the names and addresses of any hospitals in which you have been hospitalized, as well as the dates of hospitalization and the condition or conditions treated.

X INTERROGATORY NO. 10: State the names and addresses of all persons or businesses for whom you were employed during your lifetime and prior to the date of the accident alleged in your Complaint; in regard to each of said employments, state the dates thereof and, generally, the nature of your duties in each of said employments and your earnings in each of said employments. Include within your answer any self-employment.

INTERROGATORY NO. 11: State whether, prior to or since the date of the accident alleged in your Complaint, you made claim for any compensation benefits under the laws of any jurisdiction for injuries resulting from any accident or occupational disease. If so, state when each of said claims were made and the disposition of each of said claims, including any permanent physical impairment and/or permanent partial disability awarded.

INTERROGATORY NO. 12: In your Complaint, you have alleged that you have sustained, as a result of the alleged accident, a permanent disability. Please state the amount of permanent disability which you allege resulted from the alleged accident which is the subject of this claim and the name and address of any practitioner of the healing arts who has rendered an opinion concerning the degree of permanent impairment or permanent disability which you alleged and state what said opinion is.

INTERROGATORY NO. 13: State whether the disability which is claimed in the Complaint and which is the subject matter of this claim is caused solely by the alleged accident described in Interrogatory No. 2.

INTERROGATORY NO. 14: State whether the total disability which is permanent as alleged in the Complaint is the result of an aggravation or acceleration of any previous conditions or injury. If your answer is in the affirmative, state and describe in detail:

- a. The nature of any such pre-existing injury or condition;
- b. How any such pre-existing injury or condition occurred or came to exist;
- c. Whether you ever received a permanent disability rating with respect to any such previous injury or condition;
- d. The nature and degree to which you claim the accident aggravated or accelerated any such pre-existing condition or injury.

INTERROGATORY NO. 15: If your answer to Interrogatory No. 13 is in the affirmative, state whether any such previous condition or injury constituted a

hindrance or obstacle to your obtaining employment, and if it was, describe how it constituted a hindrance or obstacle to your obtaining employment.

INTERROGATORY NO. 16: If your answer to the immediately preceding interrogatory is in the affirmative, please describe in detail each and every hindrance or obstacle incurred.

INTERROGATORY NO. 17: State whether you have received training through any type of vocational rehabilitation program. If so, state when the same occurred, the jurisdiction in which you obtained said vocational rehabilitation and the nature of courses pursued under each of said programs.

INTERROGATORY NO. 18: Have you sustained injuries as a result of any type of accident, industrial or non-industrial in nature, which required examination or treatment by any physician? If so, state when the same occurred, a brief description of the circumstances surrounding the same, where the same occurred, and the names and addressees of any physicians who examined or treated you therefor. If you were hospitalized as a result thereof, state when you were hospitalized and the names and addresses of the hospitals where you were hospitalized.

INTERROGATORY NO. 19: State whether you have received any type of benefits from any source whatsoever, disability, welfare, unemployment, etc., since the date of the accident alleged in your Complaint to the present time. If so, state the periods covered, the source of the benefits, and the amounts received.

INTERROGATORY NO. 20: State whether you have received injuries as a result of any accident since the date of the accident alleged in your Complaint.

INTERROGATORY NO. 21: If your answer to the immediately preceding interrogatory is in the affirmative, state the circumstances and facts surrounding the same, when the same occurred, the location of said accident, the name and address of the other party or parties involved in said accident, and the name and address of any physician or hospital that provided treatment.

INTERROGATORY NO. 22: If your answer to Interrogatory No. 20 is in the affirmative, state whether you have made claim against any business, individual or insurance company as a result of said accident. If so, state the name and address of the individual, business or insurance company against whom such claim was made and when such claim was made. Include within your answer the disposition of the claim.

INTERROGATORY NO. 23: State all wages which you have earned from all occupations or earnings from all sources during the period of five years immediately preceding the date of the accident alleged in your Complaint; also, state the names and addresses of all persons or businesses from whom said wages were derived and the amount of wages which were derived from each of said employers during said period of time.


INTERROGATORY NO. 24: List the names, addresses and telephone numbers of each witness you intend to call at hearing in this matter.

INTERROGATORY NO. 25: With regard to each individual listed in your answer to the immediately preceding interrogatory, describe in detail the testimony you expect each witness to give at the hearing in this matter.

INTERROGATORY NO. 26: Please state the name, address, telephone number, occupation and job title of each individual whom you intend to call as an expert witness at the hearing and for each expert witness state his or her field of expertise, the subject on which he or she is expected to testify, and the substance of the facts and opinions for which he or she is expected to testify.

DATED this 15th day of August, 2008.

ANDERSON, JULIAN & HULL LLP

By: 
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 15th day of August, 2008, I served a true and correct copy of the foregoing **INTERROGATORIES TO CLAIMANT** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile

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Alan K. Hull

IC. NO. 08-013505

AUG 22, 2008

To Mr Hull Attorney for
Idaho State Insurance Fund
Cry Baby Foods LLC

Here is a Letter To your Response
or Request for Signature for
"Medical Release"

INDUSTRIAL COMMISSION

SEP - 9 2008

FILED

~~Idaho Insurance~~

Idaho State Insurance Fund

ALL ready has ACCESS To ALL medical
Record from all medical Profession
That is involed or Acting or Treating
me ~~my~~ on my injury of ~~which~~

4-17-08

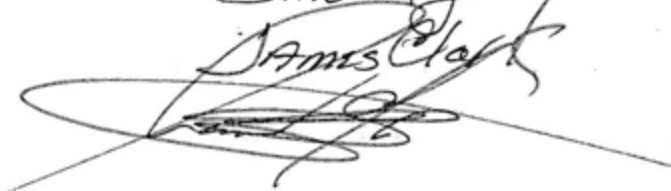
April-17-08

I Received ~~to~~ a work Related
Accident. The Claim NO. it is under
is Claim number-200806268 Thru
The Idaho state insurance fund.

I James Clark will not Signe These
Document at This Time

Sincerely

James Clark





PRIMARY HEALTH, INC.
AUTHORIZATION TO RELEASE PATIENT INFORMATION

PATIENT NAME: James Clark Maiden/other name: _____

DATE OF BIRTH: [REDACTED] SSN: [REDACTED]

PATIENT RECORDS From: _____

Physician/Medical Office _____

Address _____

City _____ State _____ Zip _____ Telephone _____

I hereby authorize and request the release of the following information:

- ☐ All Patient Information
- ☐ Patient Information for visit date(s) of _____ to _____
- ☐ All Billing Statements
- ☐ Other (specify): _____

PLEASE SEND MY RECORDS TO:

Anderson, Julian & Hull

P.O. Box 7426

Address _____

Boise, ID 83707 344-5800

City _____ State _____ Zip _____ Telephone _____

Purpose for release of information: Worker's Compensation Litigation

If you do not wish to release records containing information regarding the diagnosis or treatment of HIV (aids virus), other sexually transmitted diseases, drug and or alcohol abuse, mental illness or psychiatric treatment, please initial here _____. Unless initialed here this information is deemed permissible to release.

Upon request, I may limit the amount of time that this consent for release of information is valid. I may revoke this authorization in writing at any time. I understand that the revocation will not apply to information that has already been released. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization and know that I do not need to sign to assure treatment. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure by the recipient. Photocopies or facsimile of this Authorization shall be considered to be the same as a signed original document.

Signature: _____ Date: _____
Relationship to patient (If parent or guardian): _____

This authorization conforms to the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1987 of Section 408 of the Drug Abuse Office and Treatment Act of 1972.

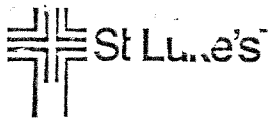
STATE OF _____)

County of _____) : SS.

On this _____ day of _____, 200____, before me, a notary public in and for said State, personally appeared James Clark, known to me to be the person whose name is subscribed to the within instrument, and IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.

NOTARY PUBLIC FOR _____
Residing At _____
My Commission Expires: _____

SEAL



- ☐ St. Luke's Regional Medical Center
☐ St. Luke's Meridian Medical Center
☐ Wood River Medical Center

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I authorize the use or disclosure of the named individual's health information as described below:

Patient's Full Name: James Clark Date of Birth: [REDACTED]
Have you been seen here under any other name? _____
Address: 10402 Rail Road Lane Telephone: _____
Payette, ID 83661 Medical Record #: _____

Covering the period(s) of healthcare: _____

The type of information to be used or disclosed is as follows (check the appropriate boxes and include other information where indicated)

- | | |
|--|--|
| <input type="checkbox"/> Pertinent Record Set | <input type="checkbox"/> Laboratory Reports: |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> EEG |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Radiology Reports: |
| <input type="checkbox"/> Consultation Report | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Procedure Report | <input type="checkbox"/> Orders/Progress Notes |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Billing Records |
| <input type="checkbox"/> Emergency Services Report | |
| <input type="checkbox"/> Other (Please Specify) | |

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. My signature below authorizes release of all such information unless I have crossed it out and initialed it. ☐ Yes ☐ No Initials _____

The following person or organization is to receive the information:

Name: Anderson, Julian & Hull, LLP
Street Address: P.O. Box 7426
City, State, Zip: Boise, ID 83707
Phone Number: 344-5800

This information for which I'm authorizing disclosure will be used for the following purpose(s) only:

Worker's Compensation Litigation

I understand that I have a right to revoke this authorization at any time. I understand this if I revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Health Information Services. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless I specify differently, this authorization will expire 1 year OR Resolution of Claim

If I fail to specify an expiration or event, this authorization will expire in one year from the date it was signed.

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal law regulations, the information described above may be redisclosed and no longer protected by these regulations. I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

Signature of patient or legal representative

If signed by legal representative, relationship to patient

Date: _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Section A: This section must be completed for all Authorizations

Patient/Plan Member Name:

James Clark

Birth Date:

11-10-1958

Social Security No. (optional):

548-02-8487

Recipient's Name:

Anderson, Julian & Hull

Address 1:

P.O. Box 7426

Address 2:

City:

Boise

State:

ID

Zip:

83704

This authorization will expire on the following: (Fill in the Date or the Event but not both.)

Date:

1 year

Event:

Resolution of Claim

Purpose of disclosure:

Worker's Compensation Claim

Description of information to be used or disclosedIs this request for psychotherapy notes? ☐ Yes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. ☐ No, then you may check as many items below as you need.

Description:	Date(s):	Description:	Date(s):	Description:	Date(s):
<input type="checkbox"/> All PHI in medical record		<input type="checkbox"/> Operative Information		<input type="checkbox"/> Labor/delivery sum.	
<input type="checkbox"/> Admission form		<input type="checkbox"/> Cath lab		<input type="checkbox"/> OB nursing assess	
<input type="checkbox"/> Dictation reports		<input type="checkbox"/> Special test/therapy		<input type="checkbox"/> Postpartum flow sheet	
<input type="checkbox"/> Physician orders		<input type="checkbox"/> Rhythm Strips		<input type="checkbox"/> Itemized bill:	
<input type="checkbox"/> Intake/outtake		<input type="checkbox"/> Nursing Information		<input type="checkbox"/> UB-92:	
<input type="checkbox"/> Clinical Test		<input type="checkbox"/> Transfer forms		<input type="checkbox"/> Other:	
<input type="checkbox"/> Medication Sheets		<input type="checkbox"/> ER Information		<input type="checkbox"/> Other:	

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. (Initial) If not applicable, check here. ☐

I understand that:

1. I may refuse to sign this authorization and that it is strictly voluntary.
2. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed.
5. I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
6. I get a copy of this form after I sign it.

Section B: Is the request of PHI for the purpose of marketing?

If yes, the health plan or health care provider must complete Section B, otherwise skip to Section C.

Will the recipient receive financial or in-kind compensation in exchange for using or disclosing this information?

☐ Yes ☐ No

If yes, describe:

Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Plan Member/Guardian or Patient/Plan Member Representative:

Date:

Print Name of Patient/Plan Member's Representative:

Relationship to Patient/Plan Member:

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. § 164.502 and 45 C.F.R. § 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim or until revoked in writing by me. This Authorization shall expire upon settlement or judicial resolution of the pending worker's compensation case.

You are hereby informed that this release is at my request and is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said medical records, reports and/or information to **James Clark, 10402 Rail Road Lane, Payette, Idaho 83661**. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: _____

By _____

JAMES CLARK, Claimant

D/B: _____

SSN: _____

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. ' 164.502 and 45 C.F.R. ' 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

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Date: _____

By _____

JAMES CLARK, Claimant

D/B: [REDACTED]

SSN: [REDACTED]

AUTHORIZATION TO DIRECTOR FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. ' 164.502 and 45 C.F.R. ' 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim or until revoked in writing by me. This Authorization shall expire upon settlement or judicial resolution of the pending worker's compensation case.

You are hereby informed that this release is at my request and is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said medical records, reports and/or information to **James Clark, 10402 Rail Road Lane, Payette, Idaho 83661**. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: _____

By _____

JAMES CLARK, Claimant

D/B: _____

SSN: _____

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. § 164.502 and 45 C.F.R. § 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

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Date: _____

By _____

JAMES CLARK, Claimant

D/B: [REDACTED]

SSN: [REDACTED]

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. ' 164.502 and 45 C.F.R. ' 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

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Date: _____

By _____

JAMES CLARK, Claimant

D/B: _____

SSN: _____



Saint Alphonsus Regional Medical Center

1055 N. Curtis Rd. • Boise, Idaho 83706 • (208) 367-2121

I authorize the use or release/disclosure of protected health information regarding the named individual as described below.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Patient's Full Name (Including maiden name)

James Clark

Have you been here under any other name(s)?

Birth date

[REDACTED]

Medical Record Number

The following person or organization is authorized to **DISCLOSE** the specified information:

Name:

Street Address: SAINT ALPHONSUS
REGIONAL MEDICAL CENTER
City, State, Zip: MEDICAL INFORMATION SERVICES
1055 N. Curtis Road
Phone Number: Boise, Idaho 83706

The following person or organization is authorized to **RECEIVE** the information:

Name: Anderson, Julian & Hull, LLP

Street Address: P.O. Box 7426
City, State, Zip: Boise, ID 83707
Phone Number: 344-5800

This information is to be used for the following purpose(s) only:

Worker's Compensation Litigation

The specific information to be released/disclosed is specified below: ☐ Complete Medical Record

☐ Inpatient/Outpt Surgery

Date(s):

- ☐ Discharge Summary
- ☐ History and Physical
- ☐ Operative Report
- ☐ Pathology Report
- ☐ Progress Notes
- ☐ Orders
- ☐ Laboratory
- ☐ X-rays,
- ☐ Pertinent Record Set
- ☐
- ☐

☐ Emergency Dept.

Date(s):

- ☐ ER Report
- ☐ Complete Record
- ☐
- ☐
- ☐ Billing Records
- ☐ Claim Form
- ☐ Detailed Bill
- ☐ Other Outpatient Dept.
- ☐
- ☐
- ☐

☐ Outpatient Diag. Tests

Test

Date

- ☐ Laboratory
- ☐ X-rays
- ☐ CT Scans
- ☐ Nuclear Med
- ☐ EEG
- ☐ EKG
- ☐ Vascular Study
- ☐ Sleep Study
- ☐ Echocardiogram
- ☐ Pulmonary Test
- ☐ Other

☐ Cancer Treatment Ctr.

Date(s):

- ☐ Discharge Summary
- ☐ History and Physical
- ☐ Treatment Summary
- ☐ Laboratory Reports
- ☐ Follow-up Reports
- ☐ Consultations
- ☐ Progress Notes
- ☐ X-rays/CT/Nuclear Med
- ☐ EKG
- ☐
- ☐

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my consent to the use or disclosure of my protected health information for purposes of treatment, payment or health care operations. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time at the address found below, except to the extent that information has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date: 1 year of resolution of claim. If I fail to specify an expiration date, this authorization will expire in six months.

SPECIFIC AUTHORIZATION

I understand that my health information to be released MAY INCLUDE information that is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or drug abuse. My signature below authorizes release of all such information, unless I have crossed it out, and initialed it. _____ Initials

Signature of Patient or Legal Representative:

Date:

Name of Personal Representative (if applicable) (Please print):

Relationship to Patient:

Aug 22, 2008,
Mr Hull Attorney for
Idaho State Insurance Fund
Crybaby Facts LLC

pg 1 of 4

INDUSTRIAL COMMISSION

SEP - 9 2008

FILED

Let's Get To The
"FACT's"
of my Actual Complaint I filed
on July 9, 2008.

fact no. 1-

I am Requesting ~~the~~ for The
Time Loss Thru Jun 5, 2008 Thru
Jun 12, 2008 That i Very, Very,
Very much Deserve of 318.72

FACT no. 2-

How was Carol Marland able
To get a Doctor To Release me Back
To 100% work at full Time Lite Duty
10hrs a Day at 4 To 5 days a week
on May 29, 2008 ~~that~~.

SO YOU SEE Mr Hull your Client
Should be Sending me or Showing
me why I should ~~Receive~~
~~Not Receive~~

Pg 2 of 4

~~Received~~ not Receive The
Time Loss From Jun 5, 2008
Thru Jun 12, 2008

You See Mr Hull your Client
Should be Showing me How
~~she~~ Carol Garland That works
for The

Idaho State Insurance found
was able To get a Doctor That
my Last Visit with his office was
on May 5, 2008 with out
me knowing or seeing ~~him~~ ~~me~~
Him before Returning Back To work
on Jun 4, 2008.

So Mr. Hull You show me anywhere
and i mean anywhere in all That
paper work That You tryed To over
whelm me with That has anything
and again I mean anything To do
with my Actual Complaint That was
filed on July 9, 2008

This Complaint Has nothing
To do with The Settlement

Pg 3 of 4

Again This Complaint i filed
on July 9, 2008 has NOTHING
To do To any other Part of my
work injury or future Claims
That may follow at a Later
Time with The Idaho State Insurance Fund.

SO Mr Hull Why "Why"
Will your Client not answer
To My (James Clark The
injured worker) Complaints

~~You~~ And Then Your office
Mr Hull Sends me and Demands
me To Send you ALL This stuff
and Thats being nice in a Big
way. Like if you filed The Complaint.

I James Clark The injured
worker is Demanding That
The ~~Idaho Insurance~~
Idaho State Insurance Fund
answer To The actual facts
of my Complaint

Pg 4 of 4

And Back off from sending
me garbage To Try and over
whelm me in Paper work that
has no Facts To my Actual
Complain. So I Can work on
The most important Part
of This ~~Part~~: Near Death
Exasperance and The near miss
off Lasing an arm and The
Trauma That This injury and
The deformatie of my arm.

If not I will Continue To denie
To Produce or Signs anything Tell
The Commission Sets a hearing
Then I got what i want Befor The
Commission

Where you are Tryng To keep
me from.

James Lock



James Lock



Aug 22, 2008
Exhibits To Be Produced
at hearing on ~~the~~ Complaint
filed July 9, 2008.

~~At no~~ IC no. 08-01350
Claim no. 200806268

INDUSTRIAL COMMISSION

SEP - 9 2008

FILED

Exhibits

- 1- Letter from Crybaby Food's LLC
- 2- medical Report To Dr. gross
- 3-A ~~page~~ Jobsite Evaluation
- 3-B-Job site Evaluation
- 4- Osha Report

Witness's To Be Called
upon Request. for Hearing
and Ask To Appear To Complaint
On.

I.C. NO. 08-01350

Claim NO. 200806268

~~Claim~~

- 1- Carol Garland - need Subpoena
- 1- Idaho State Insurance Fund
- 2- Wonda. ~~At~~ At Dr Hansen office.
~~Forty word~~ need To Be set
up for Phone Hearing. only
~~need~~ about 3 second so no
~~use~~ from we will be short

3. Sandy Baskett with the
Idaho Industrial Rehab
Rehabilitaty Diviission in Payette
~~Idaho~~

~~501~~ ²⁰⁸ ~~501~~ - 647-9417

501 NO. 16TH St 012

Payette Idaho 83661

1



IDAHO INDUSTRIAL COMMISSION

501 No. 16th, Ste. 107
 Payette, ID 83661-0179
 (208) 642-6417 - Fax (208) 642-6163

COMMISSIONERS
 James F. Kile, Chairman
 R. D. McQuinn
 Thomas H. Lamborn

C.L. "BUTCH" OTTER, GOVERNOR

RECEIVED REHAB

Windy Meekins, Director

May 29 2008

MAY 29 2008

INDUSTRIAL COMMISSION
 PAYETTE, IDAHO

Dominic Gross, MD
 311 W. Idaho
 Boise, ID 83702

RE: James Clark
 Date of Appointment: 06-29-08

Dear Dr. Gross:

James Clark's employer has modified/light duty available to accommodate his return-to-work in regard to the industrial injury of 04/17/2008.

The attached job site evaluation of that position is attached. Does your objective medical data indicate James can now return to this position?

☒ Yes ☐ No

[Signature]
 Physician Signature

5/29/08
 Date

Please sign and return this form to me. If you have any questions, please call. Thank you!

Sincerely,

Sandy Baskett
 Sandy Baskett, Consultant
 Rehabilitation Division

Postnet Fax Note	7671	Date	05/29/08	# of pages	1
To	Garland	From	Sandy B.		
Co/Dept.	SIF	Co.	ICK		
Phone #	#200806268	Phone #			
Fax #	332-2171	Fax #	642-6163		

Equal Opportunity Employer

IDAHO STATE INDUSTRIAL COMMISSION
REHABILITATION DIVISION
FOR OFFICIAL USE ONLY

JOB SITE EVALUATION

ONE HAND- LIGHT DUTY

EMPLOYER'S NAME/IC CODE Cry Baby Foods Llc		NAME James Clark	
ADDRESS 482 Industrial Rd, Weiser, ID 83872		REHAB # 59058	
JOB TITLE Line Worker		DOI 04/17/2008	
CONTACT PERSON/TITLE Ken Adams		TYPE OF INJURY All Other Injuries, Noc	
GENERAL JOB DESCRIPTION Stand or sit at conveyor. One handed - pick up trash or product from moving line and place in bucket or alternate conveyor line.		TELEPHONE NUMBER () -	
EXPERIENCE/TRAINING/LICENSE REQUIRED	TIME WITH EMPLOYER 1 week	INDUSTRY	
DOT CODE		UNION	RATE OF PAY \$308.00/wk
FIELD CONSULTANT Sandy Baskett			

PHYSICAL ACTIVITIES

1. Average hours per work day: **10** Shift: **4 - 6 days. Modified work hours available**

2. In an average work day, total cumulative time required for each activity:

- A. Sitting **10** (Hrs)
B. Standing (Hrs)
C. Walking (Hrs)
D. Combined Standing/Walking **10** (Hrs)

Explain:

3. Maximum consecutive time required for each activity (explain):

- A. Sitting: **2 hours**
B. Standing:
C. Walking:
D. Combined Standing/Walking: **2 hours**

4. In an average work day, the weight lifting requirements are:

	Not Required	Rarely (Explain)	Occasionally (1% to 33%)	Frequently (34% to 66%)	Continuously (67% to 100%)
A. 0 to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. 11 to 20 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 21 to 35 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 36 to 50 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51 to 75 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 76 to 100 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Over 100 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain (distance carried, height, type of object, etc.): **Trash or product. Less than 1 pound**

5. In an average work day, the employee is required to perform:

	Not Required	Rarely (Explain)	Occasionally (1% to 33%)	Frequently (34% to 66%)	Continuously (67% to 100%)
A. Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Bending/Scooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Crouching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Twisting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain: B. Slight bend at waist to reach middle of conveyor belt.

6. Use of upper and lower extremities:

	Not Required	Rarely (Explain)	Occasionally (1% to 33%)	Frequently (34% to 66%)	Continuously (67% to 100%)
A. Reaching (shoulder height or below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Reaching (above shoulder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grasping/Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Fine Manipulation/Fingering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Pushing/Pulling (lbs effort)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Operating Foot Controls (lbs effort)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

7. Sensory Requirements (speech, vision, smell, touch, hearing): Normal Range

8. Is employee able to vary physical position or activity to perform the job? ☒ Yes ☐ No Explain:

ENVIRONMENTAL FACTORS

9. Time spent Inside: 100% Time spent Outside: % Explain:

10. Temperature: ☒ Normal Inside Range ☐ Normal Outside Range (exposure to weather) ☐ Extreme Heat ☐ Extreme Cold ☐ Extreme Temp. Change

Explain:

11. Humidity: ☒ Normal Range ☐ Wet/Humid ☐ Dry Explain:

12. Atmospheric Conditions and Noise:

☐ Fumes ☒ Odors ☐ Dusts ☐ Mists ☐ Gases ☐ Poor Ventilation ☐ Noise (explain):

Explain: Onion


13. Potential Hazards: ☐ Mechanical ☐ Electrical ☐ Burns ☐ Toxic/Caustic Chemicals ☐ Other

Explain (unstable footing, heights, etc.):

14. Protective clothing or personal devices required:

COMMENTS: Employer offering one handed work, modified hours available.

FOR PHYSICIAN ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Approved with Noted Modification	<input type="checkbox"/> Not Approved
Comments		
Physician Signature 		Date 5/29/08

ORIGINAL SIGNATURES ON FILE

I have reviewed the above Job Site Evaluation	
Employer Ken Adams	Date 05-29-08
Consultant Sandy Baskett	Date 05-29-08
Worker	Date
Other	Date

CRY BABY FOODS LLC

James Clark
10402 Rail Road Lane
Payette, ID 83661

May 30, 2008

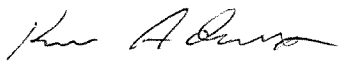
Mr. Clark,

We have been notified from the Idaho Industrial Commission, Rehabilitation Division that you have been medically released by Dr. Gross on May 29, 2008 for modified/light duty work.

We are pleased to offer you a return-to-work full time position starting June 3, 2008. Your duties will be modified for light and one hand accommodating work. If you intend to return to work, you may start Tuesday, June 3, 2008 at 7:00 am.

Please notify our office of your intentions as soon as possible. Also, if you have any questions please feel free to contact us at (208) 549-3000.

Thank you,



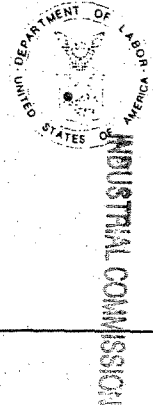
Ken Adams
Plant Supervisor
Cry Baby Foods LLC

IDAHO OFFICE
482 INDUSTRIAL ROAD
WEISER, ID 83672
(208) 549-3000 OFFICE (208) 549-3000 FAX

WASHINGTON OFFICE
P.O. BOX 1115
ROYAL CITY, WA 99357
(509) 764-0444 OFFICE (509) 764-7350 FAX

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008 - 07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 1 Type of Violation: **Serious**

Section 5(a)(1) of the Occupational Safety and Health Act of 1970: The employer did not furnish employment and a place of employment which was free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees were exposed to the hazard of being caught-in or caught-by the nip points on the conveyor system without an emergency stop device immediately available and easily identifiable:

Place of injury

- (a) In the workplace, outside line: On July 2, 2008 and times prior thereto, emergency stop devices were not installed along the conveyor system, including but not limited to, the area near the onion topper.
- (b) In the workplace, inside line: On July 2, 2008 and times prior thereto, emergency stop devices were not installed along the conveyor system and machinery areas through-out the facility.

Note 1) Among other methods, one feasible and acceptable abatement method to correct this hazard is to follow paragraph 5.11.2(c) in the American National Standard developed by the American Society of Mechanical Engineers (ASME) for Conveyors and Related Equipment, ASME B20.1-2000. Notes applicable to ASME B20.1-2000:

Note 2) Abatement certification and supporting documentation are required for this item.

Date By Which Violation Must be Abated: 08/08/2008
Proposed Penalty: \$ 2500.00

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008 - 07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 2 Type of Violation: **Serious**

29 CFR 1910.23(c)(1): Open sided floor(s) or platform(s) 4 feet or more above the adjacent floor or ground level were not guarded by standard railings, or the equivalent as specified in 29 CFR 1910.23(e)(3)(i) through (v), on all open sides:

- a) In the workplace, outside line: On or about July 2, 2008, employee(s) performing servicing activities on the in-feed conveyor motor control, where exposed to an approximate eleven foot fall hazard to the ground below, while standing on the conveyor belt with no fall protection in place.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008
Proposed Penalty: \$ 1750.00

Citation 1 Item 3a Type of Violation: **Serious**

29 CFR 1910.132(a): Protective equipment was not used when necessary whenever hazards capable of causing injury and impairment were encountered:

- (a) In the workplace: On July 2, 2008 and times prior thereto, employee(s) were exposed to the hazards of servicing the propane tanks for the powered industrial truck, without personal protective equipment, including but not limited to, a face shield.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008
Proposed Penalty: \$ 750.00

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008 - 07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 3b Type of Violation: Serious

29 CFR 1910.178(l)(6): The employer did not certify that each operator had been trained and evaluated as required by 29 CFR 1910.178(l) operator training:

- (a) In the workplace: On July 2, 2008 at times prior thereto, an employee consistently operated a Clark 34 forklift at maximum capacity, without a prior evaluation and certification by the employer.

Note: Abatement certification is required for this item. 29 CFR 1910.178(l)(6): The employer did not certify that each operator had been trained and evaluated as required by 29 CFR 1910.178(l) operator training:

- (a) In the workplace: On July 2, 2008 at times prior thereto, an employee consistently operated a Clark 34 forklift at maximum capacity, without a prior evaluation and certification by the employer.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated:

08/08/2008

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008-07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 4 Type of Violation: **Serious**

29 CFR 1910.147(c)(1): The employer did not establish a program consisting of an energy control procedure, employee training, and periodic inspections to ensure that before any employee performed any servicing or maintenance on a machine or equipment where the unexpected energizing, start up or release of stored energy could occur and cause injury, the machine or equipment would be isolated, and rendered inoperative in accordance with 29 CFR 1910.147(c)(4):

- (a) In the workplace: On July 2, 2008 and times prior thereto, employee(s) performed cleaning activities on machinery such as the screw conveyors, belt conveyors, sorting, sizing and peeling machines without training and a means in place to positively control all energy sources.
- (b) In the workplace: On July 2, 2008 and times prior thereto, employee(s) performed maintenance activities on machinery without training and a means in place to positively control all energy sources.
- (c) In the workplace, outside line: On July 2, 2008 and times prior thereto, employee(s) performed servicing activities on the conveyor belt motor control without training and a means in place to positively control the energy and prevent unexpected start up of the motor and movement of the conveyor belt.

Note: Abatement certification and supporting documentation are required for this item.

Date By Which Violation Must be Abated: 08/08/2008
Proposed Penalty: \$ 2500.00

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008 - 07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 5a Type of Violation: Serious

29 CFR 1910.212(a)(1): One or more methods of machine guarding was not provided to protect operator and other employees in the machine area from hazard(s) such as those created by ingoing nip points and rotating parts:

- a) In the workplace, inside the facility: On July 2, 2008 and times prior thereto, employees were exposed to the hazard of being caught by an ingoing nip point on a screw conveyor which was located across a walkway and underneath a belt conveyor.
- b) In the workplace, on the outside line: On or about July 2, 2008, employee(s) were exposed to the hazard of being caught by ingoing nip points on the onion topper.
- c) In the workplace, on the outside line: On July 2, 2008 and times prior thereto, employee(s) walking underneath the conveyor belt system were exposed to the hazard of being caught up in the moving conveyor bars.

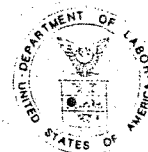
Note: Abatement certification and supporting documentation are required for this item.

Date By Which Violation Must be Abated:	08/08/2008
Proposed Penalty:	\$ 2500.00

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008 - 07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 5b Type of Violation: **Serious**

29 CFR 1910.212(a)(2): Guards were not affixed to the machine where possible and secured elsewhere if for any reason attachment to the machine was not possible:

- a) In the workplace, on the outside line: On July 2, 2008, and times prior thereto, a guard installed over the onion topper rollers was not secured as to prevent employee(s) from bypassing it and being exposed to the ingoing nip points on the machine.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008

Citation 1 Item 5c Type of Violation: **Serious**

29 CFR 1910.212(a)(3)(iii): Special hand tools which permitted easy handling of materials when placing and removing materials, did not prevent the operator from placing a hand in the danger zone. Such tools were used in lieu of other guarding required by this section:

- a) In the workplace, on the outside line: On or about July 2, 2008, employee(s) were exposed to the ingoing nip points on the onion topper machine when using either a plastic or wooden stick to unclog and help move onions through the machine, without a permanent, secure guard in place.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008-07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 6a Type of Violation: **Serious**

29 CFR 1910.219(c)(2)(i): All exposed parts of horizontal shafting seven feet or less from the floor or working platform, were not protected by a stationary casing enclosing shafting completely or by a trough enclosing the sides and top or sides and bottom as location requires:

- a) In the workplace, inside the facility: On July 2, 2008, employee(s) were exposed to rotating horizontal shafts in areas including but not limited to, the onion peeling machine conveyors.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008
Proposed Penalty: \$ 750.00

Citation 1 Item 6b Type of Violation: **Serious**

29 CFR 1910.219(c)(4)(i): Projecting shaft ends that projected more than one half the diameter of the shaft, were not guarded by non-rotating caps or safety sleeves:

- a) In the workplace, on the outside line: On July 2, 2008, and times prior thereto, employee(s) were exposed to rotating projecting shafts, in areas including but not limited to, the trash auger (screw conveyor).

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008 - 07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 6c Type of Violation: **Serious**

29 CFR 1910.219(e)(2)(i): Overhead horizontal belts, with parts lower than seven feet or less from the floor to the platform, were not guarded on sides and bottom in accordance with paragraph (o)(3) of this section:

- a) In the workplace, inside the facility: On July 2, 2008, and times prior thereto, employee(s) working in areas including but not limited to, the sizing and peeling area, were exposed to an unguarded overhead horizontal belt.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008

Citation 1 Item 6d Type of Violation: **Serious**

29 CFR 1910.219(e)(3)(i): Vertical and inclined belts were not enclosed by a guard conforming to standards in paragraph (m) and (o) of this section:

- a) In the workplace: On July 2, 2008, and times prior thereto, employee(s) working in areas including but not limited to, the walkway under the outside line, were exposed to unguarded vertical and incline conveyor belts and associated parts.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008-07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

Citation 1 Item 7 Type of Violation: Serious

29 CFR 1910.219(f)(3): All sprocket wheels and chains that were less than seven feet above the floor, were not enclosed:

- a) In the workplace, on the outside line: On July 2, 2008 and times prior thereto, truck trailer number 706 had a chain and sprocket that was not enclosed.
- b) In the workplace, on the outside line: On July 2, 2008 and times prior thereto, employee(s) performing clean up activities were exposed to a chain and sprocket on the conveyor system that was not enclosed.
- c) In the workplace, on the outside line: On July 2, 2008 and times prior thereto, employee(s) performing servicing are exposed to a chain and sprocket on the in-feed conveyor motor, that was not enclosed.
- d) In the workplace, inside the facility: On July 2, 2008 and times prior thereto, a chain and sprocket were not fully enclosed on the out-feed of the large onion bin.
- e) In the workplace, inside the facility: On July 2, 2008 and times prior thereto, chains and sprockets were not enclosed on the onion sizing and peeling machines.

Note: Abatement certification is required for this item.

Date By Which Violation Must be Abated: 08/08/2008
Proposed Penalty: \$ 1000.00

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311577043
Inspection Dates: 07/02/2008-07/02/2008
Issuance Date: 07/15/2008



Citation and Notification of Penalty

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672

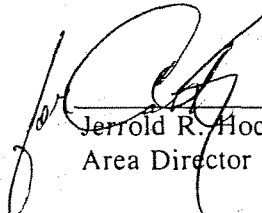
Citation 2 Item 1 Type of Violation: Other

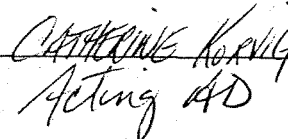
29 CFR 1904.29(a): A Log of all Work-Related Injuries and Illnesses (OSHA Form 300), and/or the Summary of Work-Related Injuries and Illnesses, (OSHA Form 300-A) were not kept by the establishment:

- a) OSHA 300 Injury and Illness Log(s) and OSHA 300/A Summary of Injury and Illness for 2007 and 2008 to date, were not maintained.

Note: Abatement certification is NOT required for this item.

Date By Which Violation Must be Abated: 07/21/2008
Proposed Penalty: \$ 0.00


Jerrold R. Hockett
Area Director


Catherine Korvig
Acting AD

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor

Occupational Safety and Health Administration

1150 North Curtis Road

Suite 201

Boise, ID 83706

Phone: (208)321-2960 FAX: (208)321-2966



OSHA Website Address: <http://www.osha.gov>

**INVOICE/
DEBT COLLECTION NOTICE**

Company Name: Cry Baby Foods, LLC
Inspection Site: 482 Industrial Road, Weiser, ID 83672
Issuance Date: 07/15/2008

Summary of Penalties for Inspection Number 311577043

Citation 1, Serious	= \$ 11750.00
Citation 2, Other	= \$ 0.00
TOTAL PROPOSED PENALTIES	= \$ 11750.00

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to:

"DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due, and will cash the check or money order as if these restrictions or conditions do not exist.

If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed account, the bank will attempt to make the transfer up to 2 times.


Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

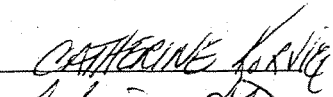
Interest. Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is five percent (5%). Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty).

unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

Delinquent Charges. A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of five percent (5%) per annum will be assessed accruing from the date that the debt became delinquent.

Administrative Costs. Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.


Jerrold R. Hockett
Area Director

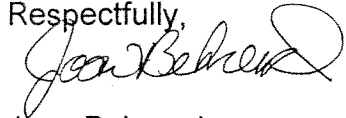

Catherine Kervie
Acting AD

Date 7/15/08

you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with OSHA. You should file this complaint as soon as possible, since OSHA normally can accept only those complaints filed within 30 days of the alleged discriminatory action.

Thank you for your concern for a safe and healthful workplace.

Respectfully,



Joan Behrend
for Jerrold R. Hockett
Area Director

Enclosure

JAMES CLARK
10402 Railroad Lane
PAYETTE Idaho
83661

FILED

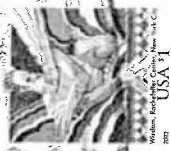
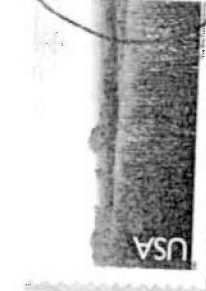
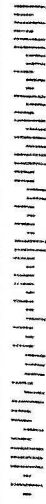
SEP - 9 2008

INDUSTRIAL COMMISSION

DENA K. BURKE
Assistant Commission Secretary
Idaho Industrial Commission
317 main street
P.O. Box 83720
Boise Idaho

first class

83720-0041



BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

SEP 10 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 10th day of September, 2008, a true and correct copy of the **CLAIMANT'S LETTERS AND DISCOVERY (62 total pages including envelope)** **FILED SEPTEMBER 9, 2008, in the above matter**, was made available at the Commission's reception desk for personal acquisition by the following:

Alan K. Hull
Rachel M. O'Bar
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

copy of Certificate of Service only to:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

CERTIFICATE OF SERVICE - 1

 **ORIGINAL**

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O'Bar – ISB No.: 5823

2008 JUL 11 P 2:56
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

I.C. No. 08-013505

vs.

CRY BABY FOODS, LLC,

Employer,

**DEFENDANTS' REQUEST FOR
TELEPHONIC STATUS
CONFERENCE**

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

COME NOW, Defendants, by and through their undersigned counsel of record, pursuant to I.R.C.P. 8, and hereby request that the Industrial Commission hold a telephonic status conference with the Parties to clarify the issues, discuss the status of Claimant's discovery responses, and consider and discuss whether to set this case for hearing.

DATED this 10th day of September, 2008.

ANDERSON, JULIAN & HULL LLP

By: Alan K. Hull
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 10th day of September, 2008, I served a true and correct copy of the foregoing **DEFENDANTS' REQUEST FOR TELEPHONIC STATUS CONFERENCE** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Railroad Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile

Alan K. Hull
Alan K. Hull

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O'Bar – ISB No.: 5823

 **ORIGINAL**

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

I.C. No. 08-013505

vs.

CRY BABY FOODS, LLC,

Employer,

**MOTION TO COMPEL DISCOVERY
AND EXECUTION OF MEDICAL
AND ADMINISTRATIVE RECORDS
RELEASES**

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

COME NOW the Defendants, by and through their undersigned counsel of record, and move the Commission for an Order compelling Claimant to fully respond to Defendants' discovery requests served August 15, 2008. In addition, Defendants move the commission for an Order compelling Claimant to provide signed medical and administrative records releases, including facility-specific

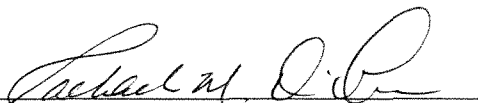
releases. Defendants further request that the Commission Order Claimant to provide complete discovery responses and signed releases within twenty (20) days and unless so made that the Commission issue an Order Dismissing the Complaint.

This Motion is based upon the documents, affidavits, pleadings, and records on file, as well as the accompanying Memorandum and Affidavit in Support of Defendants' Motion to Compel; pursuant to Rules 1, 7 and 16 of the Industrial Commission Judicial Rules of Practice and Procedure; I.C. §72-432 (10); **Curry v. Ace Supply, Inc.**, I.C. Nos. 90-690424 and 90-716438; 45 C.F.R. §164.502 and 164.508; and all other applicable law.

WHEREFORE, Defendants request that the instant Motion to Compel be granted and that Claimant be required to fully respond to Interrogatories to Claimant and Requests for Production of Documents and Things to Claimant, served August 15, 2008, and that Claimant be required to fully execute Defendants' HIPAA compliant Authorization and Direction for Release of Medical Records and facility-specific medical and administrative records releases.

DATED this 24th day of September, 2008.

ANDERSON, JULIAN & HULL LLP

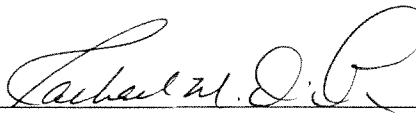
By: 
Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 24th day of September, 2008, I served a true and correct copy of the foregoing MOTION TO COMPEL DISCOVERY AND EXECUTION OF MEDICAL AND ADMINISTRATIVE RELEASES by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Railroad Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile



Rachael M. O'Bar

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O'Bar – ISB No.: 5823

Attorneys for Defendants

 **ORIGINAL**

FILED
SEP 24 2008
INDUSTRIAL COMMISSION

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**MEMORANDUM IN SUPPORT OF
MOTION TO COMPEL**

COME NOW the Defendants, by and through their undersigned counsel of record, and hereby submit this Memorandum in Support of Motion to Compel.

I. STATEMENT OF FACTS

Claimant suffered a right forearm crush injury on April 17, 2008, in the course and scope of his employment at Cry Baby Foods. Claimant was evaluated

at the St. Alphonsus Emergency Room by Dr. Dominick Gross, orthopedic hand surgeon. Claimant's medical care was followed by Dr. Gross through May of 2008. On May 29, 2008, Dr. Gross responded to an inquiry by the Industrial Commission Rehabilitation Division (ICRD) Consultant Sandy Baskett, wherein the doctor approved a job site evaluation for a line worker position and indicated that Claimant could return to the modified/light duty work made available by the policyholder. TTD benefits were terminated effective June 5, 2008, pursuant to Employer's offer of modified light duty work and Dr. Gross's release. Claimant returned to work on June 5, 2008, for 5.25 hours, and on June 7, 2008, he terminated his employment. Also on June 5, 2008, Dr. Gross notified the surety's claims adjustor that although he approved Claimant's return to light duty work with no use of the right arm effective May 9, 2008, Claimant's care had been transferred to Dr. Hansen.

Claimant was first evaluated by Dr. Hansen on May 30, 2008. As reflected in Dr. Hansen's June 13, 2008, chart note, and his July 7, 2008, response to an inquiry by the surety, Dr. Hansen indicated that Claimant was disabled due to his work-related injuries and associated psychological issues from the date of the accident through the date of the response.

On July 9, 2008, The Industrial Commission served a copy of Claimant's Workers' Compensation Complaint upon Defendants Cry Baby Foods, LLC and Idaho State Insurance Fund ("Defendants"). Therein, Claimant alleged he was entitled to time loss benefits (TTDs) for the time period June 5, 2008, through June 12, 2008, during which period benefits had been terminated pursuant to the work release by Dr. Gross. Time loss benefits were reinstated effective June 13,

2008, following receipt by the surety of Dr. Hansen's treatment records. Thereafter, TTD benefits in the amount of \$317.83 were paid by State Insurance Fund to Claimant for the time period June 5, 2008, through June 12, 2008, pursuant to Claimant's work release by Dr. Hansen.

By letters dated August 1, 2008, filed with the Industrial Commission on August 5, 2008, Claimant requested a hearing on the TTD issue, as well as certain factual allegations regarding his release to work by Dr. Gross. On August 15, 2008, Defendants responded to Claimant's request for hearing, and served written discovery requests. In addition, by letter dated August 15, 2008, Defendants requested Claimant sign general and facility-specific medical releases. On September 10, 2008, Defendants received Claimant's Letters and Discovery filed with the Industrial Commission, a total of 62 pages of material including letters and documentation dated August 22, 2008, through September 5, 2008, hereinafter collectively and individually referred to as Claimant's "letter submissions."

To date, Claimant has refused numerous requests to provide signed medical and administrative records releases. In addition, to date, Claimant's only response to Defendants' discovery requests is the unreasonable and unresponsive assertions in his letter submissions.

II. ARGUMENT AND AUTHORITY

The fundamental purpose of the Idaho Rules of Civil Procedure and the federal counterparts is to "secure the just, speedy and inexpensive determination of every action and proceeding." I.R.C.P. 1(a). Sure and certain relief under the

Idaho Worker's Compensation Act is achieved upon the Industrial Commission's operation and implementation of relevant statutes to address disputes and questions arising from the worker's compensation laws. **Brooks v. State Fire Insurance Co.**, 117 Idaho 1066, 1069, 793 P.2d 1238 (1990).

Despite numerous attempts to explain to Claimant the relevance of Defendants' requests for records releases and discovery responses, Claimant has refused to cooperate in these proceedings. It is axiomatic that without Claimant's cooperation and compliance with the Idaho Worker's Compensation Act, it is almost impossible for Defendants to provide timely and accurate investigation in accord with the provisions of the Act.

A. Claimant's Request for Hearing is Premature.

Although Claimant may be confused about the procedural aspects of pursuing his claim, it is clear that he seeks all benefits available to him under Idaho Worker's Compensation Law. Claimant has been paid TTD benefits for the time period June 5, 2008, through June 12, 2008. **See** Affidavit of Counsel in Support of Motion to Compel ("Affidavit") **Exhibit C**. Claimant is not medically stable, and he continues to receive medical and time loss benefits during his recovery. As such, there is simply no contested issue before the Commission at this time. However, once Claimant becomes medically stable, the medical issue of impairment, and the vocational issues of disability and entitlement to retraining are properly before the Commission for determination.

B. Defendants Are Entitled to Releases to Investigate Claimant's Pre- and Post-Accident Medical Condition and Claimant's Entitlement to Impairment, Disability, and Retraining Benefits.

Defendants are entitled to obtain Claimant's medical information/documentation by way of an executed HIPAA compliant release and/or facility-specific releases. Furthermore, Defendants are entitled to obtain Claimant's records, including medical records, from correctional institutions in Oregon and Idaho. The Idaho Worker's Compensation Act unequivocally provides that:

All medical information relevant to or bearing upon a particular injury or occupational disease shall be provided to the employer, surety, manager of the industrial special indemnity fund, or their attorneys or authorized representative. . .

I.C. §72-432 (10) (emphasis added). The Legislature's use of the word "shall" denotes a mandatory, not a discretionary act. *Madison v. J.R. Morgan, Inc.*, 115 Idaho 141, 144, 765 P.2d 652 (1988). Statutes are to be construed to ascertain and give effect to the purpose of the legislation and to give force and effect to every part of the provision. *Dohl v. PSF Industries, Inc.*, 127 Idaho 232, 237, 899 P.2d 445 (1995). Further, the Industrial Commission is limited to the power and authority granted by the Legislature and lacks authority to alter, amend, or enlarge legislation. *See, Roberts v. Transportation Dep't.*, 121 Idaho 727, 732, 828 P.2d 1178 (Ct. App. 1991). The Industrial Commission and its hearing officers are constrained by clear statutory wording even if the result is harsh and arbitrary. *Petrie v. Spaulding Drywall*, 117 Idaho 382, 384, 788 P.2d 197 (1990).

By two separate letters, and via telephone conversations with Claimant, Defendants requested that Claimant provide signed HIPAA compliant and facility-specific medical releases. **See** Affidavit **Exhibits E and F**. Thereafter, by letters dated September 10, 2008, and September 23, 2008, Defendants requested that Claimant provide additional medical and administrative records releases. **See** Affidavit **Exhibits K and L**. Defendants' requests are neither over broad nor burdensome, as investigation to date has revealed that Claimant has received medical treatment at West Valley Medical Center, Saint Alphonsus Regional Medical Center, St. Luke's Regional Medical Center, Primary Health, Lifeways Mental Health Services, and correctional facilities in Oregon and Idaho.

Claimant has repeatedly refused to provide signed medical releases or otherwise cooperate in Defendants' investigation of this claim. **See** Affidavit ¶¶ 13-19, and **Exhibits G, H, I, and J**. As such, Defendants are relegated to attempting to obtain medical information and records with the medical release attached to Claimant's Complaint, which identifies a single medical provider, Dr. Hansen. Defendants cannot obtain medical and psychological treatment information and records which he claims are related to his industrial injuries. Furthermore, Defendants cannot obtain pre-accident medical and psychological treatment information and records which are relevant to Claimant's impairment and disability. Finally, Defendants are unable to obtain medical and administrative records that are relevant to the issues of disability and retraining.

As a matter of remedial litigation, and in accordance with the unambiguous statutory language of the Idaho Worker's Compensation Act, Defendants are entitled, at a minimum, to have Claimant execute medical releases and administrative records releases for the purposes of independently verifying medical treatment as identified in records provided by Claimant and from sources revealed in those records which have not been provided in discovery.

B. Claimant is Obligated to Fully Respond To Defendants' Discovery Requests.

The discovery rules were designated to prevent a "trial by ambush." *Stoddard v. Ling-Temco-Vought, Inc.*, 513 F. Supp. 314, 324 (C.D. Cal. 1980).

The Idaho Rules of Civil Procedure provide in pertinent part that:

The parties may obtain discovery regarding **any matter**, not privileged, **which is relevant to the subject matter involved in the pending action, whether it relates to the claim or defense of the party seeking discovery** or to the claim or defense of any other party. . . It is no grounds for objection that the information sought will be inadmissible at the trial **if the information sought appears reasonably calculated to lead to the discovery or admissible evidence.**

I.R.C.P. 26(b)(1)(emphasis added).

Claimant has refused and/or failed to provide Defendants his responses to Defendants' discovery requests, with the exception of the unreasonable and irresponsive assertions contained in his September 5, 2008, letter submissions to the Industrial Commission. Although Claimant is not medically stable, Defendants are entitled to investigate Claimant's claim for benefits pursuant to the Worker's Compensation Act. **See generally** I.R.C.P. 26. Claimant's proffered basis for

refusing to respond to interrogatories and requests for production is an abuse of the discovery process.

Defendants' discovery requests are relevant to medical and vocational issues that are the basis for Claimant's claim for benefits. Defendants are entitled to investigate the circumstances of the claimed accident, and the nature and extent of his medical condition and any physical limitations he claims are related to the claimed accident. **See** Interrogatories to Claimant ("Interrogatory") Nos. 1, 2, 6- 8, and 12-16, Requests for Production of Documents and Things to Claimant ("Requests") No. 1. Defendants are also entitled to identify and investigate Claimant's medical history. **See** Interrogatory Nos. 9, 11, 18, and 20-22, Request No. 1.

Present and future disability and entitlement to retraining are clearly at issue in this case. Claimant has been referred to the Industrial Commission Rehabilitation Division, and Defendants anticipate retaining a vocational rehabilitation specialist in connection with this claim. Defendants are entitled to identify and investigate Claimant's past and present work and wage history. **See** Interrogatory Nos. 3, 4, 5, 10, and 23. Defendants are entitled to investigate Claimant's prior job skills and transferable skills to assist vocational rehabilitation experts in identifying opportunities for Claimant to return to the work force and determine Claimant's entitlement to disability and/or retraining. **See** Interrogatories to Claimant Nos. 17. Defendants are also entitled to Claimant's tax records preceding his claimed injury to identify prior employers and confirm (or refute) allegations regarding his ability or

inability to return to his pre-injury occupations. Claimant's tax and employment information are also relevant to the issue of Claimant's entitlement to retraining if he is unable to return to his date-of-injury and/or pre-injury occupations. **See** Requests No. 3 and 4.

Defendants are entitled to prepare for hearing in this matter. As a matter of law, Defendants are entitled to discover the identity, contact information and extent of the testimony of Claimant's witnesses, and examine Claimant's proposed hearing exhibits prior to hearing. **See** Interrogatory Nos. 1, 8, 24, 25, and 26, Requests No. 2.

Clearly, the identity of Claimant's pre- and post-accident medical care providers is essential to verify (or dispute) the nature and extent of his injuries. Furthermore, disclosure of employment and wage information, educational background, criminal records, and vocational training experience is required to investigate and assist in Claimant's vocational rehabilitation and determine his entitlement to disability and/or retraining. Without access to this information, Defendants are unable to fully investigate and defend their interest and present a case. Moreover, not only are Defendants entitled to discovery information relating to the medical and vocational issues in this matter, but so is the Industrial Commission for purposes of making an informed decision as to benefits. **See** I.C. § 72-401, et. seq.

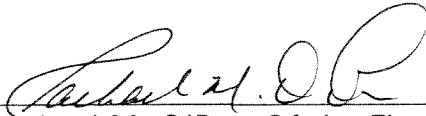
III. CONCLUSION

Defendants have been and continue to be prejudiced by way of expenditure of time and resources, as well as exposure to potential unfounded attorney fee claims, as a result of Claimant's failure and/or refusal to provide medical releases and discovery responses. Based upon the foregoing argument and authority, Defendants request that the Commission grant Defendants' Motion to Compel and Order Claimant to provide his discovery responses and signed medical releases within twenty (20) days and unless so made that the Commission issue an Order Dismissing the Complaint.

DATED this 24th day of September, 2008.

ANDERSON, JULIAN & HULL LLP

By:

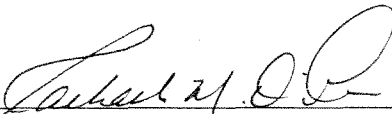

Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 24th day of September, 2008, I served a true and correct copy of the foregoing MEMORANDUM IN SUPPORT OF MOTION TO COMPEL by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Railroad Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile



Rachael M. O'Bar

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – SIB No.: 5823

 **ORIGINAL**

FILED
JUL 11 2008
CLERK OF DISTRICT COURT
IDAHO

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

I.C. No. 08-013505

vs.

CRY BABY FOODS, LLC,

Employer,

**AFFIDAVIT OF COUNSEL IN
SUPPORT OF MOTION TO
COMPEL**

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

STATE OF Idaho)
 : ss.
County of Ada)

RACHAEL M. O’BAR, being first duly sworn upon oath, deposes and says:

1. That the information contained herein is of your Affiant’s own personal knowledge;

2. That your Affidavit is an attorney of the Firm that is counsel of record for Defendants in the above-entitled matter.
3. Claimant was injured in an industrial accident on or about April 17, 2008. Claimant was evaluated at St. Alphonsus ER by orthopedic hand surgeon Dr. Dominick Gross, who continued to follow Claimant's medical progress through May of 2008. By correspondence dated June 5, 2008, Dr. Gross notified the surety that Claimant's care had been transferred to Dr. Robert G. Hansen. A true and correct copy of Dr. Gross's June 5, 2008, correspondence is attached hereto as **Exhibit A**.
4. Claimant was first evaluated by Dr. Hansen on May 30, 2008, and Claimant continues medical treatment under the direction of Dr. Hansen at West Idaho Orthopedics Sports Medicine.
5. In a July 7, 2008, response to an inquiry by the surety, Dr. Hansen indicated that Claimant was disabled due to his work-related injuries and associated psychological issues from the date of the accident through the date of the response. A true and correct copy of Dr. Hansen's July 7, 2008, correspondence is attached hereto as **Exhibit B**.
6. This claim is accepted, and medical benefits are paid as they are received in accordance with Idaho law. Furthermore, Claimant continues to receive TTD benefits during his recovery. A summary of benefits paid through September 18, 2008, is attached hereto as **Exhibit C**.
7. On July 9, 2008, the Industrial Commission served a copy of Claimant's Workers' Compensation Complaint upon Defendants Cry Baby Foods, LLC

and Idaho State Insurance Fund ("Defendants"). Therein, Claimant alleged he was entitled to time loss benefits (TTDs) for the time period June 5, 2008, through June 12, 2008.

8. Defendants filed an Answer to Complaint on July 25, 2008. Thereafter, Defendants paid the disputed time loss benefits in the amount of \$317.83.
9. By letters dated August 1, 2008, filed with the Industrial Commission on August 5, 2008, Claimant requested a hearing on the TTD issue, as well as certain factual allegations regarding his release to work by Dr. Gross. Therein, Claimant also noted that his medical care had been taken over by Dr. Hansen.
10. On August 15, 2008, Defendants served upon Claimant Defendants' **OBJECTION TO REQUEST FOR CALENDARING**, as well as **NOTICE OF SERVICE**, **INTERROGATORIES TO CLAIMANT**, and **REQUESTS FOR PRODUCTION OF DOCUMENTS AND THINGS** (hereinafter "Defendants' discovery requests"). A true and correct copy of Defendants' discovery requests is attached hereto as **Exhibit D**.
11. By letter dated August 15, 2008, Defendants requested Claimant sign five copies of a HIPAA compliant Authorization and Direction for Release of Medical Records, as well as and facility-specific medical releases for West Valley Medical Center, Saint Alphonsus Regional Medical Center, St. Luke's Regional Medical Center and Primary Health. A true and correct copy of

Defendants' August 15, 2008, letter with the enclosed medical releases are attached hereto as **Exhibit E**.

12. By letter dated September 3, 2008, Defendants again requested Claimant provide five signed copies of a HIPAA compliant Authorization and Direction for Release of Medical Records, as well as signed facility-specific releases for West Valley Medical Center, Saint Alphonsus Regional Medical Center, St. Luke's Regional Medical Center and Primary Health. A true and correct copy of Claimant letter of September 3, 2008, is attached hereto as **Exhibit F**.

13. During a telephone conference between Affiant and Claimant on September 8, 2008, Claimant indicated that he was not willing to sign any medical releases. In addition, he indicated that he intended to serve discovery requests upon Defendants.

14. During a telephone conference between Affiant and Claimant on September 9, 2008, Claimant again indicated that he was not willing to sign the medical releases, but that he had mailed his discovery responses.

15. On September 10, 2008, Defendants received Claimant's Letters and Discovery, a total of 62 pages of material including letters and documentation dated August 22, 2008, through September 5, 2008, hereinafter collectively and individually referred to as Claimant's "letter submissions."

16. By letter submission dated August 22, 2008, Claimant indicated that he was unwilling to answer the Interrogatories to Claimant due to phases such as "during my Life Time". In response to Defendant's Interrogatory No. 10, which requested Claimant state the names and addresses of employers during his lifetime prior to the date of the claimed accident, Claimant disclosed "employment" picking up dog waste at age 5. A true and correct copy of Claimant's letter of August 22, 2008, is attached hereto as **Exhibit G.**

17. By separate letter submission dated August 22, 2008, Claimant stated that he was unwilling to respond to the Request for Production of Documents and Things as he questioned the meaning of the phrase "And Things," questioning whether Defendants would like used soap or holy [sic] socks. A true and correct copy of Claimant's letter of August 22, 2008 is attached hereto as **Exhibit H.**

18. By separate letter submission dated August 22, 2008, Claimant stated that he had provided the State Insurance Fund with a medical release and therefore would not sign the general or specific release provided by our office. A true and correct copy of Claimant's letter of August 22, 2008 with attachments is attached hereto as **Exhibit I.**

19. By separate letter submission dated August 22, 2008, Claimant stated that he would continue to refuse to sign "anything," presumably the aforementioned discovery requests and medical releases. A true and correct

copy of Claimant's letter of August 22, 2008, is attached hereto as **Exhibit J.**

20. By letter dated September 10, 2008, Defendants requested Claimant provide signed a copy of facility-specific releases for Lifeways Mental Health Services ("Lifeways"). Claimant has received evaluation and treatment at Lifeways in connection with his claimed industrial injuries. A true and correct copy of Claimant letter of September 3, 2008, is attached hereto as **Exhibit K.**

21. By letter dated September 23, 2008, Defendants requested Claimant provide signed copies of a HIPAA compliant Authorization And Direction For Release Of Records, as well as signed Authorization And Direction For Release Of Records for the State of Idaho, Department of Corrections, and Authorization And Direction For Release Of Records for the State of Oregon, Department of Corrections. Claimant has been incarcerated in Oregon and/or Idaho prior and subsequent to his claimed industrial accident, and Defendants are unable to obtain medical and administrative records from the Oregon or Idaho correctional facilities without the requested releases. A true and correct copy of Claimant letter of September 23, 2008, is attached hereto as **Exhibit L.**

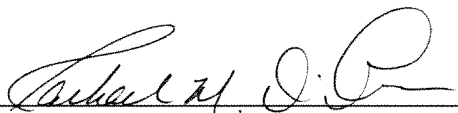
22. To date, Claimant has refused and/or failed to provide Defendants signed medical and administrative records releases.

23. To date, Claimant has refused and/or failed to provide Defendants his responses to Defendants' discovery requests, with the exception of the unreasonable and irresponsible assertions contained in his letter submissions to the Industrial Commission.

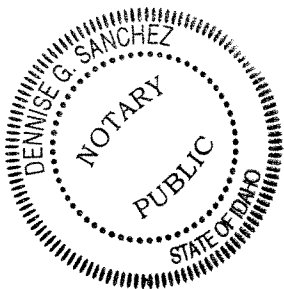
24. Without full disclosure by Claimant through discovery responses and execution of medical and administrative records releases, Defendants are unable to identify prior medical providers, and cannot obtain pre- or post-injury medical records without HIPAA compliant and/or facility-specific releases. Without this basic information, Defendants are unable to fully investigate and defend their interests or present a viable case.

Further, your Affiant saith naught.

ANDERSON, JULIAN & HULL LLP

By: 
Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

SUBSCRIBED AND SWORN TO before me this 24th day of September, 2007.




NOTARY PUBLIC FOR Idaho

Residing at Boise, Idaho

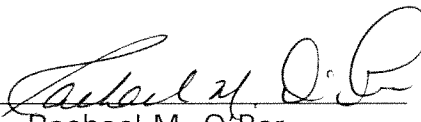
My Commission Expires: 9/9/11

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 27th day of September, 2008, I served a true and correct copy of the foregoing **AFFIDAVIT OF COUNSEL IN SUPPORT OF MOTION TO COMPEL** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Railroad Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile



Rachael M. O'Bar



STATE INSURANCE FUND

May 21, 2008

GROSS DOMINIC L MD
PO BOX 7821
BOISE ID 83707-1821

Vendor #: 1006539

Re: Claim Number: 200806268 A /29
Claimant: JAMES CLARK
Claimant SSN: [REDACTED]
Employer: CRY BABY FOODS LLC
Injury Date: 04/17/2008

Information regarding authorized time-loss from work is needed on the above referenced claim. Will you please respond to the following questions.

Was patient disabled from work? Yes X No

Dates of Disability: From 4/17/08 Through 5/9/08

If patient was released to return to work, was the release:

Full Release Date

Light Duty X From 5/9/08 Through ? - pt transferred

Restrictions: No use @ arm care to Dr. Hanson

Date of next appointment: Tx'd care to Dr. Hanson

Physician's Signature: [Signature]

Date: 6/5/08

If you have any questions, please contact this office.

Sincerely,

Carol Garland

Carol Garland
Claims
208/332-2429



STATE INSURANCE FUND

June 20, 2008

WEST IDAHO ORTHOPEDICS & SPORTS MED
3875 E OVERLAND RD
MERIDIAN ID 83642

Vendor #: 1011885

Re: Claim Number: 200806268 A/29
Claimant: JAMES CLARK
Claimant SSN: [REDACTED]
Employer: CRY BABY FOODS LLC
Injury Date: 04/17/2008

Information regarding authorized time-loss from work is needed on the above referenced claim. Will you please respond to the following questions.

Was patient disabled from work? Yes X No

Dates of Disability: From 4/12/08 Through present

If patient was released to return to work, was the release:

Full Release Date
Light Duty From HA Through

Restrictions:

Date of next appointment: 4 weeks for 300 hrs

Physician's Signature: [Signature]

Date: 11/7/08

If you have any questions, please contact this office.

Sincerely,

Mr. Clark has residual
Carol Garland *Supervisor* *under sensory*

Carol Garland
Claims
208/332-2429

abnormalities which prevent him
from going back to work

MR. CLARK HAS RESIDUAL OBJECTIVE SENSORY ABNORMALITIES WHICH PREVENT HIM FROM GOING BACK TO WORK.

Robert S. Hansen

CL022

136 11-9-08

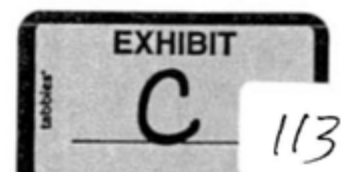
BREAKDOWN OF BENEFITS

Claimant: James W. Clark
 CLAIM: 200806268
 CLMT ATTY: N/A
 DATE: 9-18-08

EXAMINER: Jewel Owen
 SIF ATTY: Alan Hull

Medical Breakdown

Vendor	Date of Service	Amount Paid	Date Paid
CLAIMANT TRAVEL REIMBURSEMENT	04/18/08	\$291.23	05/04/08
HORIZON HEALTH PA	04/17/08	\$108.36	05/04/08
HORIZON HEALTH PA	04/18/08	\$649.39	05/04/08
COUNTY OF WASHINGTON	04/17/08	\$608.60	05/11/08
GEM STATE RADIOLOGY	04/17/08	\$57.80	05/11/08
GROSS DOMINIC L MD	04/18/08	\$218.28	05/11/08
GROSS DOMINIC L MD	04/21/08	\$146.40	05/11/08
ST ALPHONSUS RMC	04/17/08	\$1,599.41	05/11/08
ST ALPHONSUS RMC	04/17/08	\$10,312.71	05/11/08
HOLY ROSARY MEDICAL CENTER OREGON	04/22/08	\$866.40	05/26/08
HORIZON HEALTH PA	05/02/08	\$110.00	05/26/08
HORIZON HEALTH PA	05/09/08	\$110.00	05/26/08
IDAHO EMERGENCY PHYSICIANS GROUP	04/17/08	\$276.18	05/26/08
CLAIMANT TRAVEL REIMBURSEMENT	04/19/08	\$223.54	05/31/08
THIRD PARTY SOLUTIONS	04/28/08	\$38.54	05/31/08
CLAIMANT TRAVEL REIMBURSEMENT	05/27/08	\$117.21	06/08/08
HOLY ROSARY MEDICAL CENTER	04/22/08	\$99.00	06/08/08
SNAKE RIVER RADIOLOGY PC	04/22/08	\$27.20	06/08/08
THIRD PARTY SOLUTIONS	05/14/08	\$56.57	06/15/08
LIFEWAYS BEHAVIORAL HEALTH	05/14/08	\$200.00	06/22/08
ORTHOPEDIC & FRACTURE CLINIC PA	05/30/08	\$252.20	06/22/08
THIRD PARTY SOLUTIONS	05/30/08	\$94.43	06/22/08
CLAIMANT TRAVEL REIMBURSEMENT	06/09/08	\$169.23	06/29/08
HOLY ROSARY MEDICAL CENTER OREGON	05/01/08	\$1,529.60	06/29/08
HOLY ROSARY MEDICAL CENTER OREGON	05/30/08	\$195.20	06/29/08
ORTHOPEDIC & FRACTURE CLINIC PA	06/13/08	\$110.00	06/29/08
THIRD PARTY SOLUTIONS	06/06/08	\$38.38	06/29/08
LIFEWAYS BEHAVIORAL HEALTH	05/21/08	\$462.50	07/06/08
THIRD PARTY SOLUTIONS	06/13/08	\$18.19	07/06/08
LIFEWAYS BEHAVIORAL HEALTH	06/12/08	\$162.50	07/13/08
GREEN LAWRENCE E MD	06/26/08	\$839.70	07/20/08
ORTHOPEDIC & FRACTURE CLINIC PA	06/20/08	\$100.00	07/20/08
ORTHOPEDIC & FRACTURE CLINIC PA	07/07/08	\$68.56	07/20/08
THIRD PARTY SOLUTIONS	06/24/08	\$132.81	07/20/08
CLAIMANT TRAVEL REIMBURSEMENT	07/23/08	\$246.15	07/23/08
HOLY ROSARY MEDICAL CENTER	05/30/08	\$49.10	07/27/08
CLAIMANT TRAVEL REIMBURSEMENT	07/21/08	\$73.13	08/03/08
HOLY ROSARY MEDICAL CENTER OREGON	06/02/08	\$1,326.40	08/03/08
LIFEWAYS BEHAVIORAL HEALTH	06/24/08	\$225.00	08/10/08
LIFEWAYS BEHAVIORAL HEALTH	07/10/08	\$75.00	08/10/08
ORTHOPEDIC & FRACTURE CLINIC PA	07/18/08	\$110.00	08/10/08
CLAIMANT TRAVEL REIMBURSEMENT	06/09/08	\$226.50	08/17/08
MEDNOW INC	07/14/08	\$99.00	08/17/08
THIRD PARTY SOLUTIONS	07/18/08	\$137.79	08/17/08
DISPENSEMD BILLING SERVICES LLC	08/06/08	\$413.91	08/24/08
HOLY ROSARY MEDICAL CENTER OREGON	07/01/08	\$1,928.00	08/24/08
ORTHOPEDIC & FRACTURE CLINIC PA	08/12/08	\$110.00	08/24/08
LIFEWAYS BEHAVIORAL HEALTH	07/30/08	\$150.00	08/31/08



BREAKDOWN OF BENEFITS

Claimant: James W. Clark
 CLAIM: 200806268
 CLMT ATTY: N/A

EXAMINER: Jewel Owen
 SIF ATTY: Alan Hull

MEMORIAL HOSPITAL	04/17/08	\$108.36	09/07/08
LIFEWAYS BEHAVIORAL HEALTH	08/07/08	\$187.50	09/14/08
MEMORIAL HOSPITAL	04/17/08	\$79.78	09/14/08

Total \$25,835.74

*** Bills adjusted and paid based on fee schedule

TTD/TPD Breakdown	Weeks/Days	Amount Paid	Date Paid
4-18-08 to 9-16-08	21 weeks 5 days	\$6,038.74	

Total \$6,038.74

PPI Breakdown

Total \$0.00

Medicals \$25,835.74
 TTD \$6,038.74

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

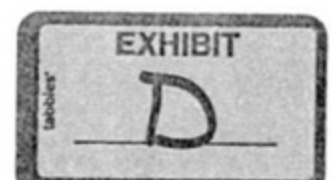
Surety,

Defendants.

I.C. No. 08-013505

NOTICE OF FILING

COME NOW Defendants, by and through their undersigned counsel of record, and give notice that on this date Defendants have filed INTERROGATOIREIS TO CLAIMANT and REQUESTS FOR PRODUCTION OF DOCUMENTS AND THINGS TO CLAIMANT.



DATED this _____ day of August, 2008.

ANDERSON, JULIAN & HULL LLP

By: _____
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this _____ day of August, 2008, I served a true and correct copy of the foregoing **NOTICE OF FILING** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

☐ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile

Alan K. Hull

 **ORIGINAL**

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
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Telephone: (208) 344-5800
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Alan K. Hull – ISB No.:1568

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**INTERROGATORIES TO
CLAIMANT**

TO: CLAIMANT:

COME NOW the Defendants, pursuant to the rules and regulations of the Industrial Commission of the State of Idaho and hereby submit the following interrogatories and request that the same be answered under oath and within thirty (30) days from the date of receipt thereof as provided in said rules and regulations promulgated by the Industrial Commission of the State of Idaho. If you cannot

answer any interrogatory in full after exercising due diligence to secure the information, so state, specifying the reason for your inability to answer and, to the extent possible, state whatever information and knowledge you have concerning the remainder.

These interrogatories are deemed continuing interrogatories and your answers thereto are to be supplemented as additional information becomes available to you.

INTERROGATORY NO. 1: State the names and addresses of all persons who witnessed the accident alleged in your Complaint; in regard to each of said witnesses, state what you contend each of said witnesses observed and the location of each of said witnesses from the point where said alleged accident occurred.

INTERROGATORY NO. 2: State specifically and expressly all of the circumstances surrounding said alleged accident, that is, how said alleged accident occurred.

INTERROGATORY NO. 3: State whether, since the date of said accident alleged in your Complaint, you have been employed in any capacity whatsoever. If so, state the names and addresses of all businesses or persons for whom you have been employed, and in each of said instances of employment, state the periods of employment, the nature of your duties in each of said employments and your earnings. Include within your answer any self-employment.

INTERROGATORY NO. 4: Have you applied for unemployment compensation benefits since the date of the accident alleged in your Complaint? If so, state whether you received unemployment compensation benefits; if so, the periods covered, the amounts received and the jurisdiction which was the source of said benefits.

INTERROGATORY NO. 5: State whether, since the date of the accident alleged in your Complaint, you have made application for employment with any individual, business or agency. If so, state the name and address of the person, business or agency with whom you made such application for employment and in each instance, the date of said application or applications.

INTERROGATORY NO. 6: State whether, since the date of the accident alleged in your Complaint, you have engaged in any travel outside the State of Idaho; if so, state when said travel occurred, where you traveled to and the dates in regard to each of said trips.

INTERROGATORY NO. 7: State precisely and in detail all injuries which you allege occurred as a result of the accident alleged in your Complaint.

INTERROGATORY NO. 8: State the names and addresses of all practitioners of the healing arts who have examined or treated you as a result of the alleged injuries which you allege resulted from said alleged accident. In regard to each of said practitioners, state the dates of said treatment and/or examinations. Include within your answer the names and addresses of any hospitals in which you have

been hospitalized and the dates of the hospitalizations. Describe in detail any treatment you received.

INTERROGATORY NO. 9: Preceding the date of the accident alleged in your Complaint, state the names and addresses of all practitioners of the healing arts who examined or treated you for any reason at any time during your lifetime and the approximate dates of such examinations and/or treatments and the nature of your injuries or condition necessitating each of said examinations or treatments. Include within your answer the names and addresses of any hospitals in which you have been hospitalized, as well as the dates of hospitalization and the condition or conditions treated.

INTERROGATORY NO. 10: State the names and addresses of all persons or businesses for whom you were employed during your lifetime and prior to the date of the accident alleged in your Complaint; in regard to each of said employments, state the dates thereof and, generally, the nature of your duties in each of said employments and your earnings in each of said employments. Include within your answer any self-employment.

INTERROGATORY NO. 11: State whether, prior to or since the date of the accident alleged in your Complaint, you made claim for any compensation benefits under the laws of any jurisdiction for injuries resulting from any accident or occupational disease. If so, state when each of said claims were made and the disposition of each of said claims, including any permanent physical impairment and/or permanent partial disability awarded.

INTERROGATORY NO. 12: In your Complaint, you have alleged that you have sustained, as a result of the alleged accident, a permanent disability. Please state the amount of permanent disability which you allege resulted from the alleged accident which is the subject of this claim and the name and address of any practitioner of the healing arts who has rendered an opinion concerning the degree of permanent impairment or permanent disability which you alleged and state what said opinion is.

INTERROGATORY NO. 13: State whether the disability which is claimed in the Complaint and which is the subject matter of this claim is caused solely by the alleged accident described in Interrogatory No. 2.

INTERROGATORY NO. 14: State whether the total disability which is permanent as alleged in the Complaint is the result of an aggravation or acceleration of any previous conditions or injury. If your answer is in the affirmative, state and describe in detail:

- a. The nature of any such pre-existing injury or condition;
- b. How any such pre-existing injury or condition occurred or came to exist;
- c. Whether you ever received a permanent disability rating with respect to any such previous injury or condition;
- d. The nature and degree to which you claim the accident aggravated or accelerated any such pre-existing condition or injury.

INTERROGATORY NO. 15: If your answer to Interrogatory No. 13 is in the affirmative, state whether any such previous condition or injury constituted a

hindrance or obstacle to your obtaining employment, and if it was, describe how it constituted a hindrance or obstacle to your obtaining employment.

INTERROGATORY NO. 16: If your answer to the immediately preceding interrogatory is in the affirmative, please describe in detail each and every hindrance or obstacle incurred.

INTERROGATORY NO. 17: State whether you have received training through any type of vocational rehabilitation program. If so, state when the same occurred, the jurisdiction in which you obtained said vocational rehabilitation and the nature of courses pursued under each of said programs.

INTERROGATORY NO. 18: Have you sustained injuries as a result of any type of accident, industrial or non-industrial in nature, which required examination or treatment by any physician? If so, state when the same occurred, a brief description of the circumstances surrounding the same, where the same occurred, and the names and addressees of any physicians who examined or treated you therefor. If you were hospitalized as a result thereof, state when you were hospitalized and the names and addresses of the hospitals where you were hospitalized.

INTERROGATORY NO. 19: State whether you have received any type of benefits from any source whatsoever, disability, welfare, unemployment, etc., since the date of the accident alleged in your Complaint to the present time. If so, state the periods covered, the source of the benefits, and the amounts received.

INTERROGATORY NO. 20: State whether you have received injuries as a result of any accident since the date of the accident alleged in your Complaint.

INTERROGATORY NO. 21: If your answer to the immediately preceding interrogatory is in the affirmative, state the circumstances and facts surrounding the same, when the same occurred, the location of said accident, the name and address of the other party or parties involved in said accident, and the name and address of any physician or hospital that provided treatment.

INTERROGATORY NO. 22: If your answer to Interrogatory No. 20 is in the affirmative, state whether you have made claim against any business, individual or insurance company as a result of said accident. If so, state the name and address of the individual, business or insurance company against whom such claim was made and when such claim was made. Include within your answer the disposition of the claim.

INTERROGATORY NO. 23: State all wages which you have earned from all occupations or earnings from all sources during the period of five years immediately preceding the date of the accident alleged in your Complaint; also, state the names and addresses of all persons or businesses from whom said wages were derived and the amount of wages which were derived from each of said employers during said period of time.

INTERROGATORY NO. 24: List the names, addresses and telephone numbers of each witness you intend to call at hearing in this matter.

INTERROGATORY NO. 25: With regard to each individual listed in your answer to the immediately preceding interrogatory, describe in detail the testimony you expect each witness to give at the hearing in this matter.

INTERROGATORY NO. 26: Please state the name, address, telephone number, occupation and job title of each individual whom you intend to call as an expert witness at the hearing and for each expert witness state his or her field of expertise, the subject on which he or she is expected to testify, and the substance of the facts and opinions for which he or she is expected to testify.

DATED this 15 day of August, 2008.

ANDERSON JULIAN & HULL LLP

By: _____

Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 15 day of August, 2008, I served a true and correct copy of the foregoing **INTERROGATORIES TO CLAIMANT** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile



Alan K. Hull

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568

 **ORIGINAL**

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**REQUESTS FOR PRODUCTION OF
DOCUMENTS AND THINGS TO
CLAIMANT**

TO: CLAIMANT:

You are hereby requested to produce at the law offices of Anderson, Julian & Hull, C. W. Moore Plaza, 250 South 5th Street, Suite 700, Boise, Idaho, within thirty (30) days of the service upon you of this Request for Production of Documents and Things, the following documents and things for inspection and/or copying. You may, in the alternative, attach a copy of the requested documents

and things to your response to this Request. This Request for Production of Documents and Things is a continuing request which requires that you supplement your response as additional material requested in this Request for Production of Documents and Things becomes available to you or your attorney.

REQUEST NO. 1: Please produce copies of each and every medical report which you have that pertains to Claimant. Include within your response copies of all lab tests, or other medical tests as well as reports, notes or letters of each and every physician or health provider you have seen. If you have x-rays, include a description of each x-ray as to date taken and physician who ordered it.

REQUEST NO. 2: Please produce a copy of each and every exhibit of whatever type that you intend to use at the hearing or during any deposition to be taken in this case. Include within your response copies of any photographs, x-rays or other tangible items which you may have that you intend to use as exhibits in this case.

REQUEST NO. 3: Please produce your income tax returns, both state and federal, for the ten years immediately preceding your alleged injury. By this Request, we seek a complete copy of each and every return you have filed, all W-2's, 1099's, or other evidence of earned income, and require the same to be produced. In the event that you do not have the tax returns, W-2's, 1099's, or other evidence of earned income, you are required to obtain them from the tax preparer or the Internal Revenue Service and the State Tax Commission of the State of Idaho.

REQUEST NO. 4: You are requested to produce complete copies of your tax returns, both state and federal, for the year of your alleged injury and every year thereafter to the present. By this Request, we seek a complete copy of each and every return you have filed, all W-2's, 1099's, or other evidence of earned income, and require the same to be produced. In the event that you do not have the tax returns, W-2's, 1099's, or other evidence of earned income, you are required to obtain them from the tax preparer or the Internal Revenue Service and the State Tax Commission of the State of Idaho.

REQUEST NO. 5: Produce any and all correspondence which Claimant, Claimant's attorney, or anyone acting on behalf or at the request of Claimant has had with any of Claimant's physicians, health providers, rehabilitation specialists, or anyone else providing services in this claim.

DATED this 15 day of August, 2008.

ANDERSON, JULIAN & HULL LLP

By: 

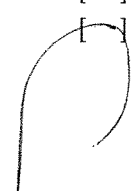
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 15 day of August, 2008, I served a true and correct copy of the foregoing **REQUESTS FOR PRODUCTION OF DOCUMENTS AND THINGS TO CLAIMANT** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile



Alan K. Hull



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
Brian K. Julian
Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefanic
Amy G. White

Justin P. Aylsworth
Mark D. Sebastian
Matthew O. Pappas
Rachael M. O'Bar
Stephen L. Adams
Robert A. Mills

C. W. Moore Plaza
250 South Fifth Street, Suite 700
Post Office Box 7426
Boise, Idaho 83707-7426
Telephone: (208)344-5800
Facsimile: (208)344-5510

e-mail: ajh@ajhlaw.com
Web Site: www.ajhlaw.com
With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

August 15, 2008

James Clark
10402 Rail Road Lane
Payette, Idaho 83661

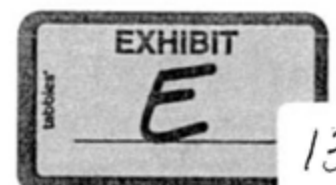
Re: **Clark v. Cry Baby Foods**
Our File No.: 638-271

Dear Mr. Clark:

This firm has been retained to represent Cry Baby Food and Idaho State Insurance Fund in the worker's compensation claim which you have filed against them. Enclosed you will find the Notice of Filing for Interrogatories to Claimant and Requests for Production of Documents and Things to Claimant which I have prepared and filed on their behalf.

Additionally, I have enclosed the following releases of information:

1. Five (5) Authorization and Direction for Release of Medical Information forms;
2. West Valley Medical Center Authorization for Release of Protected Health Information;
3. Saint Alphonsus Regional Medical Center Authorization to Use or Disclose Protected Health Information;
4. St. Luke's Regional Medical Center Authorization to Disclose Protected Health Information; and
5. Primary Health, Inc. Authorization to Release Patient Information.



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September 11, 2008

Page 2

This will assist us in investigating your claim. Please sign these forms in front of a notary public and return them to me at the above address as soon as possible. Should you have any questions concerning this, please contact me.

Very truly yours,

Alan K. Hull

AKH/dgs
Enclosures

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. § 164.502 and 45 C.F.R. § 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim or until revoked in writing by me. This Authorization shall expire upon settlement or judicial resolution of the pending worker's compensation case.

You are hereby informed that this release is at my request and is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said medical records, reports and/or information to **James Clark, 10402 Railroad Lane, Payette, Idaho 83661**. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: _____

By _____

JAMES CLARK, Claimant

D/B: [REDACTED]

SSN: [REDACTED]

STATE OF IDAHO

: ss.

County of _____)

On this _____ day of _____, 2008, before me, a Notary Public for said State, personally appeared **JAMES CLARK**, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that *he voluntarily executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

NOTARY PUBLIC FOR IDAHO


Residing at _____, Idaho

My Commission Expires: _____

(SEAL)

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Section A: This section must be completed for all Authorizations

Patient/Plan Member Name: <u>James Clark</u>	Birth Date: <u>11-10-1958</u>	Social Security No. (optional): <u>548-02-8487</u>	
 WEST VALLEY MEDICAL CENTER 1717 Arlington Avenue • Caldwell, ID 83605 • (208) 459-4641	Recipient's Name: <u>Anderson, Julian & Hull</u>		
	Address 1: <u>P.O. Box 7426</u>		
	Address 2:		
	City: <u>Boise</u>	State: <u>ID</u>	Zip: <u>83704</u>

This authorization will expire on the following: (Fill in the Date or the Event but not both.)

Date: 1 year Event: Resolution of Claim

Purpose of disclosure:

Worker's Compensation Claim**Description of information to be used or disclosed**

Is this request for psychotherapy notes? ☐ Yes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. ☐ No, then you may check as many items below as you need.

Description:	Date(s):	Description:	Date(s):	Description:	Date(s):
<input type="checkbox"/> All PHI in medical record		<input type="checkbox"/> Operative Information		<input type="checkbox"/> Labor/delivery sum.	
<input type="checkbox"/> Admission form		<input type="checkbox"/> Cath lab		<input type="checkbox"/> OB nursing assess	
<input type="checkbox"/> Dictation reports		<input type="checkbox"/> Special test/therapy		<input type="checkbox"/> Postpartum flow sheet	
<input type="checkbox"/> Physician orders		<input type="checkbox"/> Rhythm Strips		<input type="checkbox"/> Itemized bill:	
<input type="checkbox"/> Intake/outtake		<input type="checkbox"/> Nursing Information		<input type="checkbox"/> UB-92:	
<input type="checkbox"/> Clinical Test		<input type="checkbox"/> Transfer forms		<input type="checkbox"/> Other:	
<input type="checkbox"/> Medication Sheets		<input type="checkbox"/> ER Information		<input type="checkbox"/> Other:	

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. (Initial) If not applicable, check here. ☐

I understand that:

1. I may refuse to sign this authorization and that it is strictly voluntary.
2. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed.
5. I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
5. I get a copy of this form after I sign it.

Section B: Is the request of PHI for the purpose of marketing?

If yes, the health plan or health care provider must complete Section B, otherwise skip to Section C.

Will the recipient receive financial or in-kind compensation in exchange for using or disclosing this information? ☐ Yes ☐ No

If yes, describe:

Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Plan Member/Guardian or Patient/Plan Member Representative:	Date:
Print Name of Patient/Plan Member's Representative:	Relationship to Patient/Plan Member:



Saint Alphonsus Regional Medical Center

1055 N. Curtis Rd. • Boise, Idaho 83706 • (208) 367-2121

I authorize the use or release/disclosure of protected health information regarding the named individual as described below.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Patient's Full Name (Including maiden name)

James Clark

Have you been here under any other name(s)?

Birth date

[REDACTED]

Medical Record Number

The following person or organization is authorized to DISCLOSE the specified information:

Name:

Street Address: SAINT ALPHONSUS
REGIONAL MEDICAL CENTER
City, State, Zip: MEDICAL INFORMATION SERVICES
Phone Number: 1055 N. Curtis Road
Boise, Idaho 83706

The following person or organization is authorized to RECEIVE the information:

Name: Anderson, Julian & Hull, LLP

Street Address: P.O. Box 7426
City, State, Zip: Boise, ID 83707
Phone Number: 344-5800

This information is to be used for the following purpose(s) only:

Worker's Compensation Litigation

The specific information to be released/disclosed is specified below: ☐ Complete Medical Record

☐ Inpatient/Outpt Surgery

Date(s): _____

- ☐ Discharge Summary
- ☐ History and Physical
- ☐ Operative Report
- ☐ Pathology Report
- ☐ Progress Notes
- ☐ Orders
- ☐ Laboratory
- ☐ X-rays
- ☐ Pertinent Record Set
- ☐ _____
- ☐ _____

☐ Emergency Dept.

Date(s): _____

- ☐ ER Report
- ☐ Complete Record
- ☐ _____
- ☐ _____

☐ Billing Records

- ☐ Claim Form
- ☐ Detailed Bill

☐ Other Outpatient Dept.

- ☐ _____
- ☐ _____
- ☐ _____

☐ Outpatient Diag. Tests

Test Date

- ☐ Laboratory
- ☐ X-rays
- ☐ CT Scans
- ☐ Nuclear Med
- ☐ EEG
- ☐ EKG
- ☐ Vascular Study
- ☐ Sleep Study
- ☐ Echocardiogram
- ☐ Pulmonary Test
- ☐ Other

☐ Cancer Treatment Ctr.

Date(s): _____

- ☐ Discharge Summary
- ☐ History and Physical
- ☐ Treatment Summary
- ☐ Laboratory Reports
- ☐ Follow-up Reports
- ☐ Consultations
- ☐ Progress Notes
- ☐ X-rays/CT/Nuclear Med
- ☐ EKG
- ☐ _____
- ☐ _____

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my consent to the use or disclosure of my protected health information for purposes of treatment, payment or health care operations. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time at the address found below, except to the extent that information has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date: 1 year of resolution of claim. If I fail to specify an expiration date, this authorization will expire in six months.

SPECIFIC AUTHORIZATION

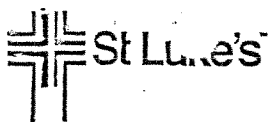
I understand that my health information to be released MAY INCLUDE information that is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or drug abuse. My signature below authorizes release of all such information, unless I have crossed it out, and initialed it. _____ Initials

Signature of Patient or Legal Representative:

Date:

Name of Personal Representative (if applicable) (Please print):

Relationship to Patient:



- ☐ St. Luke's Regional Medical Center
☐ St. Luke's Meridian Medical Center
☐ Wood River Medical Center

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I authorize the use or disclosure of the named individual's health information as described below:

Patient's Full Name: James Clark Date of Birth: [REDACTED]
Have you been seen here under any other name? [REDACTED]
Payette, ID 83661 Telephone: _____
Medical Record #: _____

Covering the period(s) of healthcare: _____

The type of information to be used or disclosed is as follows (check the appropriate boxes and include other information where indicated)

- | | |
|--|--|
| <input type="checkbox"/> Pertinent Record Set | <input type="checkbox"/> Laboratory Reports: |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> EEG |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Radiology Reports: |
| <input type="checkbox"/> Consultation Report | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Procedure Report | <input type="checkbox"/> Orders/Progress Notes |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Billing Records |
| <input type="checkbox"/> Emergency Services Report | |
| <input type="checkbox"/> Other (Please Specify) | |

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. My signature below authorizes release of all such information unless I have crossed it out and initialed it. ☐ Yes ☐ No Initials _____

The following person or organization is to receive the information:

Name: Anderson, Julian & Hull, LLP
Street Address: P.O. Box 7426
City, State, Zip: Boise, ID 83707
Phone Number: 344-5800

This information for which I'm authorizing disclosure will be used for the following purpose(s) only:

Worker's Compensation Litigation

I understand that I have a right to revoke this authorization at any time. I understand this if I revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Health Information Services. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless I specify differently, this authorization will expire 1 year or Resolution of Claim

If I fail to specify an expiration or event, this authorization will expire in one year from the date it was signed.

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal law regulations, the information described above may be redisclosed and no longer protected by these regulations. I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

Signature of patient or legal representative

If signed by legal representative, relationship to patient

Date: _____



PRIMARY HEALTH, INC.
AUTHORIZATION TO RELEASE PATIENT INFORMATION

PATIENT NAME: James Clark Maiden/other name: _____

DATE OF BIRTH: [REDACTED] SSN: [REDACTED]

PATIENT RECORDS From: _____

Physician/Medical Office

Address

City

State

Zip

Telephone

I hereby authorize and request the release of the following information:

_____ All Patient Information

_____ Patient Information for visit date(s) of _____ to _____

_____ All Billing Statements

_____ Other (specify): _____

PLEASE SEND MY RECORDS TO:

Anderson, Julian & Hull

P.O. Box 7426

Address

Boise, ID

City

State

83707

Zip

344-5800

Telephone

Purpose for release of information: Worker's Compensation Litigation

If you do not wish to release records containing information regarding the diagnosis or treatment of HIV (aids virus), other sexually transmitted diseases, drug and or alcohol abuse, mental illness or psychiatric treatment, please initial here _____. Unless initialed here this information is deemed permissible to release.

Upon request, I may limit the amount of time that this consent for release of information is valid. I may revoke this authorization in writing at any time. I understand that the revocation will not apply to information that has already been released. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization and know that I do not need to sign to assure treatment. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure by the recipient.

Photocopies or facsimile of this Authorization shall be considered to be the same as a signed original document.

Signature: _____ Date: _____

Relationship to patient (If parent or guardian): _____

This authorization conforms to the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1987 or Section 408 of the Drug Abuse Office and Treatment Act of 1972.

STATE OF _____)

County of _____) : SS.

On this _____ day of _____, 200____, before me, a notary public in and for said State, personally appeared James Clark, known to me to be the person whose name is subscribed to the within instrument, and IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.

NOTARY PUBLIC FOR

Residing At _____

My Commission Expires: _____

SEAL

G/forms/med release



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
Brian K. Julian
Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefanic
Amy G. White

Justin P. Aylsworth
Mark D. Sebastian
Matthew O. Pappas
Rachael M. O'Bar
Stephen L. Adams
Robert A. Mills

C. W. Moore Plaza
250 South Fifth Street, Suite 700
Post Office Box 7426
Boise, Idaho 83707-7426
Telephone: (208)344-5800
Facsimile: (208)344-5510

e-mail: ajh@ajhlaw.com
Web Site: www.ajhlaw.com
With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

September 3, 2008

James Clark
10402 Railroad Lane
Payette, Idaho 83661

Re: **Clark v. Cry Baby Foods**
Our File No.: 638-271

Dear Mr. Clark:

On August 15, 2008, our office forwarded the following Releases of Information to you:

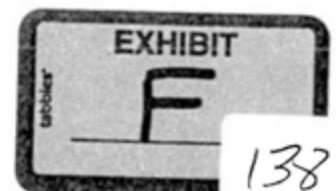
1. Five (5) Authorization and Direction for Release of Medical Information forms;
2. West Valley Medical Center Authorization for Release of Protected Health Information;
3. Saint Alphonsus Regional Medical Center Authorization to Use or Disclose Protected Health Information;
4. St. Luke's Regional Medical Center Authorization to Disclose Protected Health Information; and
5. Primary Health, Inc. Authorization to Release Patient Information.

To date our office has not received the executed documents. We have enclosed a duplicate set of Releases and these Releases will assist us in investigating your claim. If you have not already done so, please sign these forms in front of a notary public and return them to me at the above address as soon as possible. I have enclosed postage pre-paid envelope for your convenience. Should you have any questions concerning this, please contact me.

Very truly yours,

Rachael M. O'Bar

:dgs
Enclosures



IC. NO. 08-013505

Aug 22, 2008

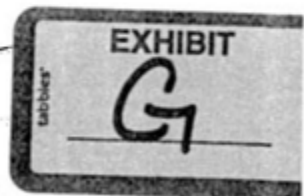
To Mr Hull Attorney for:
Idaho State Insurance Fund
Cry Baby Food's LLC

Here is a letter to your
Request for Interrogatories to Claimant
"Let's Look at Interrogatory No. 10"
during my Life Time

When I was 5 years old I had to
Pick up Dog food for .25¢ so I
can make money. This job would
follow under Self-Employment

1- had to find Job 2- Had to Perform
The Job 3- get money and Then
Run To The Candy Store. Is This what you mean.

I James Clark at This Time
will ~~Sign~~ not Sign or Produce
any document at This Time



Sincerely
James Clark

IC. NO. 08-013505
To Mr Hull Attorney for:
Idaho State Insurance Fund
Crybaby Foods LLC

aug 22, 2008

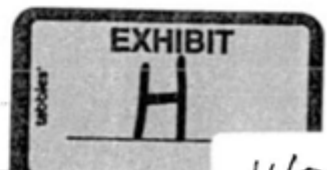
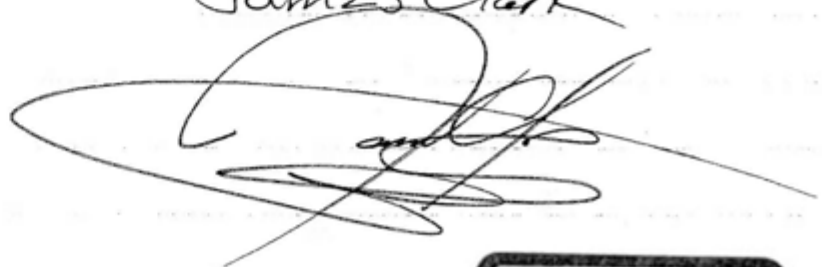
Here is a Letter To Your Request
for (Production of Documents
And Things to Claimant)

What do you mean by
"AND THINGS"

You want me to send you my
used Soap or my Holy Sock's
our what? ~~So~~ And Things Can
mean anything So explain?

I James Clark at This Time
will not ~~sign~~ Sign or Produce
any Documents And Things
to Claimant at This Time.

Sincerely
James Clark



IC.NO. 08-013505

AUG 22, 2008

To Mr Hull Attorney for
Idaho State Insurance Fund
Cry Baby Foods LLC

Here is a Letter To your Response
or Request for Signature for
"Medical Release"

~~Idaho Insurance Fund~~

Idaho state Insurance Fund

ALL ready has ACCESS To All medical
Record from all medical Profession
That is involed or Acting or Treating
me ~~may~~ on my injury of ~~which~~

4-17-08

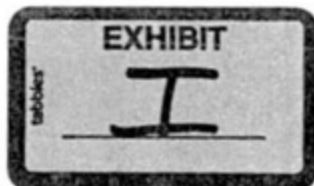
April-17-08

I Received ~~to~~ a work Related
Accident. The Claim NO. it is under
is Claim number-200806268 Thru
The Idaho state insurance fund.

I James Clark will not Signe These
Document at This Time

Sincerely

James Clark





PRIMARY HEALTH, INC.
AUTHORIZATION TO RELEASE PATIENT INFORMATION

PATIENT NAME: James Clark Maiden/other name: _____

DATE OF BIRTH: [REDACTED] SSN: [REDACTED]

PATIENT RECORDS From: _____

Physician/Medical Office _____

Address _____

City _____ State _____ Zip _____ Telephone _____

I hereby authorize and request the release of the following information:

- ☐ All Patient Information
- ☐ Patient Information for visit date(s) of _____ to _____
- ☐ All Billing Statements
- ☐ Other (specify): _____

PLEASE SEND MY RECORDS TO:

Anderson, Julian & Hull

P.O. Box 7426

Address _____
Boise, ID 83707 344-5800
City _____ State _____ Zip _____ Telephone _____

Purpose for release of information: Worker's Compensation Litigation

If you do not wish to release records containing information regarding the diagnosis or treatment of HIV (aids virus), other sexually transmitted diseases, drug and or alcohol abuse, mental illness or psychiatric treatment, please initial here _____. Unless initialed here this information is deemed permissible to release.

Upon request, I may limit the amount of time that this consent for release of information is valid. I may revoke this authorization in writing at any time. I understand that the revocation will not apply to information that has already been released. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization and know that I do not need to sign to assure treatment. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure by the recipient.

Photocopies or facsimile of this Authorization shall be considered to be the same as a signed original document.

Signature: _____ Date: _____

Relationship to patient (If parent or guardian): _____

This authorization conforms to the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1987 or Section 408 of the Drug Abuse Office and Treatment Act of 1972.

STATE OF _____)

County of _____) SS.

County of _____)

On this _____ day of _____, 200____, before me, a notary public in and for said State, personally appeared James Clark, known to me to be the person whose name is subscribed to the within instrument, and IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.

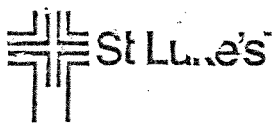
NOTARY PUBLIC FOR _____

Residing At _____

My Commission Expires: _____

SEAL

G/brms/med release



- ☐ St. Luke's Regional Medical Center
☐ St. Luke's Meridian Medical Center
☐ Wood River Medical Center

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I authorize the use or disclosure of the named individual's health information as described below:

Patient's Full Name: James Clark Date of Birth: [REDACTED]

Have you been seen here under any other name? _____

Address: 10402 Rail Road Lane Telephone: _____

Payette, ID 83661 Medical Record #: _____

Covering the period(s) of healthcare: _____

The type of information to be used or disclosed is as follows (check the appropriate boxes and include other information where indicated)

- | | |
|--|--|
| <input type="checkbox"/> Pertinent Record Set | <input type="checkbox"/> Laboratory Reports: |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> EEG |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Radiology Reports: |
| <input type="checkbox"/> Consultation Report | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Procedure Report | <input type="checkbox"/> Orders/Progress Notes |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Billing Records |
| <input type="checkbox"/> Emergency Services Report | |
| <input type="checkbox"/> Other (Please Specify) | |

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. My signature below authorizes release of all such information unless I have crossed it out and initialed it. ☐ Yes ☐ No Initials _____

The following person or organization is to receive the information:

Name: Anderson, Julian & Hull, LLP
Street Address: P.O. Box 7426
City, State, Zip: Boise, ID 83707
Phone Number: 344-5800

This information for which I'm authorizing disclosure will be used for the following purpose(s) only:

Worker's Compensation Litigation

I understand that I have a right to revoke this authorization at any time. I understand this if I revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Health Information Services. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless I specify differently, this authorization will expire 1 year or Resolution of Claim

If I fail to specify an expiration or event, this authorization will expire in one year from the date it was signed.


I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal law regulations, the information described above may be redisclosed and no longer protected by these regulations. I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

Signature of patient or legal representative

If signed by legal representative, relationship to patient

Date: _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)**Section A:** This section must be completed for all Authorizations

Patient/Plan Member Name: James Clark	Birth Date: 11-10-1958	Social Security No. (optional): 548-02-8487	
 WEST VALLEY MEDICAL CENTER 1717 Arlington Avenue • Caldwell, ID 83605 • (208) 459-4641	Recipient's Name: Anderson, Julian & Hull		
	Address 1: P.O. Box 7426		
	Address 2:		
	City: Boise	State: ID	Zip: 83707

This authorization will expire on the following: (Fill in the Date or the Event but not both.)

Date: 1 year **Event:** Resolution of Claim

Purpose of disclosure:

Worker's Compensation Claim

Description of information to be used or disclosed

Is this request for psychotherapy notes? ☐ Yes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. ☐ No, then you may check as many items below as you need.

Description:	Date(s):	Description:	Date(s):	Description:	Date(s):
<input type="checkbox"/> All PHI in medical record		<input type="checkbox"/> Operative Information		<input type="checkbox"/> Labor/delivery sum.	
<input type="checkbox"/> Admission form		<input type="checkbox"/> Cath lab		<input type="checkbox"/> OB nursing assess	
<input type="checkbox"/> Dictation reports		<input type="checkbox"/> Special test/therapy		<input type="checkbox"/> Postpartum flow sheet	
<input type="checkbox"/> Physician orders		<input type="checkbox"/> Rhythm Strips		<input type="checkbox"/> Itemized bill:	
<input type="checkbox"/> Intake/outtake		<input type="checkbox"/> Nursing Information		<input type="checkbox"/> UB-92:	
<input type="checkbox"/> Clinical Test		<input type="checkbox"/> Transfer forms		<input type="checkbox"/> Other:	
<input type="checkbox"/> Medication Sheets		<input type="checkbox"/> ER Information		<input type="checkbox"/> Other:	

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. (Initial) If not applicable, check here. ☐

I understand that:

- I may refuse to sign this authorization and that it is strictly voluntary.
- My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
- I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.
- If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed.
- I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
- I get a copy of this form after I sign it.

Section B: Is the request of PHI for the purpose of marketing?

If yes, the health plan or health care provider must complete Section B, otherwise skip to Section C.

Will the recipient receive financial or in-kind compensation in exchange for using or disclosing this information? ☐ Yes ☐ No

If yes, describe:

Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Plan Member/Guardian or Patient/Plan Member Representative:	Date:
Print Name of Patient/Plan Member's Representative:	Relationship to Patient/Plan Member:

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. ' 164.502 and 45 C.F.R. ' 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim or until revoked in writing by me. This Authorization shall expire upon settlement or judicial resolution of the pending worker's compensation case.

You are hereby informed that this release is at my request and is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said medical records, reports and/or information to **James Clark, 10402 Rail Road Lane, Payette, Idaho 83661**. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: _____

By _____

JAMES CLARK, Claimant

D/B: _____

SSN: _____

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Date: _____

By _____

JAMES CLARK, Claimant

D/B: [REDACTED]

SSN: [REDACTED]

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

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Date: _____

By _____

JAMES CLARK, Claimant

D/B: _____

SSN: _____

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Date: _____

By _____

JAMES CLARK, Claimant

D/B: _____

SSN: _____

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

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I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: _____

By _____

JAMES CLARK, Claimant

D/B: _____

SSN: _____



Saint Alphonsus Regional Medical Center

1055 N. Curtis Rd. • Boise, Idaho 83706 • (208) 367-2121

I authorize the use or release/disclosure of protected health information regarding the named individual as described below.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Patient's Full Name (Including maiden name)

James Clark

Have you been here under any other name(s)?

Birth date

[REDACTED]

Medical Record Number

The following person or organization is authorized to DISCLOSE the specified information:

Name:

Street Address: SAINT ALPHONSUS
REGIONAL MEDICAL CENTER
City, State, Zip: MEDICAL INFORMATION SERVICES
1055 N. Curtis Road
Phone Number: Boise, Idaho 83706

The following person or organization is authorized to RECEIVE the information:

Name: Anderson, Julian & Hull, LLP
Street Address: P.O. Box 7426
City, State, Zip: Boise, ID 83707
Phone Number: 344-5800

This information is to be used for the following purpose(s) only:

Worker's Compensation Litigation

The specific information to be released/disclosed is specified below: ☐ Complete Medical Record

☐ Inpatient/Outpatient Surgery

Date(s):

- ☐ Discharge Summary
- ☐ History and Physical
- ☐ Operative Report
- ☐ Pathology Report
- ☐ Progress Notes
- ☐ Orders
- ☐ Laboratory
- ☐ X-rays
- ☐ Pertinent Record Set
- ☐
- ☐

☐ Emergency Dept.

Date(s):

- ☐ ER Report
- ☐ Complete Record
- ☐
- ☐
- ☐ Billing Records
- ☐ Claim Form
- ☐ Detailed Bill
- ☐ Other Outpatient Dept.
- ☐
- ☐
- ☐

☐ Outpatient Diag. Tests

Test

Date

- ☐ Laboratory
- ☐ X-rays
- ☐ CT Scans
- ☐ Nuclear Med
- ☐ EEG
- ☐ EKG
- ☐ Vascular Study
- ☐ Sleep Study
- ☐ Echocardiogram
- ☐ Pulmonary Test
- ☐ Other

☐ Cancer Treatment Ctr.

Date(s):

- ☐ Discharge Summary
- ☐ History and Physical
- ☐ Treatment Summary
- ☐ Laboratory Reports
- ☐ Follow-up Reports
- ☐ Consultations
- ☐ Progress Notes
- ☐ X-rays/CT/Nuclear Med
- ☐ EKG
- ☐
- ☐

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my consent to the use or disclosure of my protected health information for purposes of treatment, payment or health care operations. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time at the address found below, except to the extent that information has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date: 1 year of resolution of claim. If I fail to specify an expiration date, this authorization will expire in six months.

SPECIFIC AUTHORIZATION

I understand that my health information to be released MAY INCLUDE information that is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or drug abuse. My signature below authorizes release of all such information, unless I have crossed it out, and initialed it. _____ Initials

Signature of Patient or Legal Representative:

Date:

Name of Personal Representative (if applicable) (Please print):

Relationship to Patient:

Aug 22, 2008
Mr Hull Attorney for
Idaho State Insurance Fund
Crybaby Foods LLC

pg 1 of 4

Let's Get To The
"FACTS"
of my Actual Complaint I filled
on July 9, 2008.

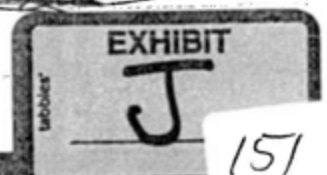
fact no. 1-

I am Requesting ~~the~~ for The
Time Loss Thru Jun 5, 2008 Thru
Jun 12, 2008 That i Very, Very,
Very much Deserve of 318.72

FACT no. 2-

How was Carol Garland able
To get a Doctor To Release me Back
To 100% work at full Time Life Duties
10hrs a Day at 4 To 5 days a week
on May 29, 2008 ~~that~~.

SO YOU SEE Mr Hull your Client
Should be Sending me or Showing
me why I should ~~Receive~~
~~Not Receive~~



Pg 2 of 4

~~Received~~ not Receive The
Time Loss From Jun 5, 2008
Thru Jun 12, 2008

You See Mr Hull your Client
Should be showing me How
~~the~~ Carol Garland That works
for The
Idaho State Insurance found
was able To get a Doctor That
my Last Visit with his office was
on May 5, 2008 with out
me knowing or seeing ~~him~~ ~~me~~
Him before Returning Back To work
on Jun 4, 2008.

So Mr. Hull You show me anywhere
and i mean anywhere in all That
paper work That you tryed To over
whelm me with That has anything
and again I mean anything To do
with my Actual Complaint That was
filed on July 9, 2008

This Complaint Has nothing
To do with The Settlement

Pg 3 of 4

Again This Complaint i filed
on July 9, 2008 has NOTHING
To do To any other Part of my
work injury or future Claims
That may follow at a Later
Time with The Idaho State Insurance Fund.

SO Mr Hull Why "Why"
Will your Client not answer
To My (James Clark The
injured worker) Complaints

~~you~~ And Then Your office
Mr Hull Sends me and Demands
me To Send you ALL This stuff
and Thats being nice in a Big
way. Like if you filed The Complaint.

I James Clark The injured
worker is Demanding That
The ~~Idaho Insurance~~
Idaho State Insurance Fund
answer To The actual facts
of my Complaint

pg 4 of 4

And Back off from sending
me garbage To Try and over
whelm me in Paper work that
has NO Facts To my Actual
Complain. So I Can work on
The most important Part
of This ~~But~~ Near Death
Exasperance and The near miss
off losing an arm and The
Trauma That This injury and
The deformatie of my arm.

If not I will Continue To denie
To Produce or Signs anything Tell
The Commission Sets a hearing
Then I got what i want Befor The
Commission
Where you are Trying To keep
me from.

James Clark

James Clark



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
Brian K. Julian
Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefanic
Amy G. White

Justin P. Aylsworth
Mark D. Sebastian
Matthew O. Pappas
Rachael M. O'Bar
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e-mail: ajh@ajhlaw.com
Web Site: www.ajhlaw.com
With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

September 10, 2008

James Clark
10402 Railroad Lane
Payette, Idaho 83661

Re: **Clark v. Cry Baby Foods**
Our File No.: 638-271

Dear Mr. Clark:

I have enclosed a copy of the Lifeways' Authorization to Disclose, Receive and Use Protected Health Information. This will assist us in investigating your claim. Please sign this form in front of a notary public and return it to me in the postage-prepaid envelope as soon as possible. Should you have any questions concerning this, please contact me.

Very truly yours,

Rachael M. O'Bar

:dgs
Enclosure





702 Sunset Drive, Ontario, Oregon 97914

Telephone: (541) 889-9167

Fax: (541) 889-7873

Authorization REVOKED on: _____
☐ Verbally by Client ☐ In Writing by Client
 Staff Signature: _____

AUTHORIZATION TO DISCLOSE, RECEIVE AND USE PROTECTED HEALTH INFORMATION

Name: Clark James Walter
Last Name First Name Middle Name

Date of Birth: [REDACTED] Social Security Number: [REDACTED]

RECIPIENT (Person or agency to and/or from whom Lifeways may receive and/or disclosed my protected health information)
 Name of Person or Agency: Anderson, Julian & Hall, LLP
 Address of Person or Agency: P.O. Box 7426, Boise, Idaho 83707

TYPE OF INFORMATION
 By checking and initialing any of the lines below, I specifically authorize the disclosure, receipt and use of the type of protected health information I have checked and initialed.

<input type="checkbox"/> Mental Health Assessment	<input type="checkbox"/> Substance Abuse Assessment
<input type="checkbox"/> Mental Health Progress Notes	<input type="checkbox"/> Substance Abuse Progress Notes
<input type="checkbox"/> Mental Health Discharge Summary	<input type="checkbox"/> Substance Abuse Discharge Summary
<input type="checkbox"/> Psychiatric Assessment	<input type="checkbox"/> Developmental Disability Assessment
<input type="checkbox"/> Psychiatric Progress Notes	<input type="checkbox"/> Developmental Disability Progress Notes
<input type="checkbox"/> Information about Sexual Assault	<input type="checkbox"/> Information about sexually transmitted diseases
<input type="checkbox"/> Information about Child Abuse and Neglect	<input type="checkbox"/> Information Necessary to Arrange Transportation
<input type="checkbox"/> Educational Records	<input type="checkbox"/> Information Necessary to Deal with an Emergency
<input type="checkbox"/> General Medical Records	<input type="checkbox"/> Information about HIV/AIDS-related Testing (including the fact that an HIV test was ordered or reported, regardless of whether the results of such tests were positive or negative)
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	

TERM OF THIS AUTHORIZATION
 By initialing one of the lines below, I specifically authorize disclosure, receipt and use of the type of information indicated above by my initials for the term I have checked and initialed below. I understand that I can revoke this authorization at any time by notifying Lifeways in writing of the revocation. I understand that revoking this authorization will not affect information that has already been disclosed, received or used by Lifeways and/or the party or parties from or to whom it was received or disclosed.

This authorization will remain in effect: ☒ for one year from the date of this authorization.
☒ from the date of this authorization until Resolution of Claim
☐ until the following event occurs: _____
☐ other: _____

PURPOSE OF THE AUTHORIZATION
 The protected health information covered by this authorization may be used for the purposes I have checked and initialed below:

☐ To assess eligibility and need for treatment ☐ To plan and coordinate treatment
☒ Other: Worker's Compensation Litigation

I am: ☒ the person whose protected health information is covered by this authorization. ☐ the legal guardian or custodian of the person whose protected health information is covered by this authorization.
☐ the parent of the minor child whose protected health information is covered by this authorization. ☐ authorized to sign by a currently valid health care power of attorney.

I have read and understand the terms of this Authorization to Disclose, Receive and Use Protected Health Information. By my signature below, I voluntarily authorize disclosure, receipt and use of my protected health information as indicated above. I can revoke it at any time by notifying Lifeways in writing.

Printed Name of Authorizing Person	Signature of Authorizing Person	Date Signed
Printed Name of Witness	Signature of Witness	Date Signed



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
Brian K. Julian
Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefanic
Amy G. White

Justin P. Aylsworth
Mark D. Sebastian
Matthew O. Pappas
Rachael M. O'Bar
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Robert A. Mills

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250 South Fifth Street, Suite 700
Post Office Box 7426
Boise, Idaho 83707-7426
Telephone: (208)344-5800
Facsimile: (208)344-5510

e-mail: ajh@ajhlaw.com
Web Site: www.ajhlaw.com
With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

September 23, 2008

James Clark
10402 Railroad Lane
Payette, Idaho 83661

Re: **Clark v. Cry Baby Foods**
Our File No.: 638-271

Dear Mr. Clark:

I have enclosed a copy of the following Releases:

1. Authorization and Direction for Release of Records;
2. Authorization and Direction for Release for the State of Oregon, Department of Corrections; and
3. Authorization and Direction for Release for the State of Idaho, Department of Corrections.

This will assist us in investigating your claim. Please sign these forms in front of a notary public and return it to me in the postage-prepaid envelope as soon as possible. Should you have any questions concerning this, please contact me.

Very truly yours,

Rachael M. O'Bar

:dgs
Enclosures



AUTHORIZATION AND DIRECTION FOR RELEASE OF RECORDS

The undersigned hereby authorizes and directs the _____ **COUNTY PROSECUTOR AND/OR THE _____ COUNTY SHERIFF**, to release any and all information concerning any charges which have been filed against me, dismissed or not, to any member of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. **This authorization includes medical records, psychiatric records, psychological records, disciplinary reports and all other documentation.**

I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim.

You are hereby informed that this is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said records, reports and/or information to **James Clark, 10402 Railroad Lane, Payette, Idaho 83661**, the Claimant in conjunction with this workers' compensation claim. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

DATE: _____

By _____
JAMES CLARK, Claimant
D/B: _____
SSN: _____

STATE OF IDAHO

: ss.

County of _____)

On this _____ day of _____, 2008, before me, a Notary Public for said State, personally appeared James Clark, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that he voluntarily executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

NOTARY PUBLIC FOR IDAHO

Residing at _____, Idaho

My Commission Expires: _____

(SEAL)

AUTHORIZATION AND DIRECTION FOR RELEASE RECORDS

The undersigned hereby authorizes and directs the **STATE OF OREGON, DEPARTMENT OF CORRECTIONS**, to release my **entire** file concerning my past incarceration and related charges to any member of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. **This authorization includes medical records, psychiatric records, psychological records, disciplinary reports and all other documentation.**

I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim.

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It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

DATE: _____

By _____

JAMES CLARK, Claimant

D/B: [REDACTED]

SSN: [REDACTED]

STATE OF IDAHO

County of _____)

ss.

On this _____ day of _____, 2008, before me, a Notary Public for said State, personally appeared James Clark, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that he voluntarily executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

NOTARY PUBLIC FOR IDAHO

Residing at _____, Idaho

My Commission Expires: _____

(SEAL)

AUTHORIZATION AND DIRECTION FOR RELEASE RECORDS

The undersigned hereby authorizes and directs the **STATE OF IDAHO, DEPARTMENT OF CORRECTIONS**, to release my **entire** file concerning my past incarceration and related charges to any member of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. **This authorization includes medical records, psychiatric records, psychological records, disciplinary reports and all other documentation.**

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It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

DATE: _____

By _____

JAMES CLARK, Claimant

D/B: [REDACTED]

SSN: [REDACTED]

STATE OF IDAHO

County of _____)

) ss.

On this _____ day of _____, 2008, before me, a Notary Public for said State, personally appeared James Clark, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that he voluntarily executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

NOTARY PUBLIC FOR IDAHO

Residing at _____, Idaho

My Commission Expires: _____

(SEAL)

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)	
)	
Claimant,	)	IC 2008-013505
v.)	
)	
CRY BABY FOODS, LLC,	)	ORDER ON MOTION TO COMPEL
	)	AND SETTING A DEADLINE FOR
Employer,	)	CLAIMANT TO OBTAIN
and	)	LEGAL COUNSEL AND NOTICE
	)	OF TELEPHONE CONFERENCE
IDAHO STATE INSURANCE FUND,)	
	)	FILED
Surety,	)	OCT - 2 2008
Defendants.	)	INDUSTRIAL COMMISSION

An informal telephone conference was held on September 11, 2008. At that time, Claimant reported he had retained the services of an attorney, perhaps from the Goicoechea Law Office. The telephone conference was suspended in anticipation of an expected appearance by an attorney on Claimant's behalf. No such appearance has been filed with the Commission.

FURTHER, on September 24, 2008, Defendants filed a motion to compel discovery. Unanswered discovery requests were also a subject of the telephone conference conducted by the Referee on September 11, 2008. Claimant was informed then that he would be required to respond to said discovery, and

THEREFORE, Claimant is HEREBY ORDERED to provide to Defendants the complete discovery responses and appropriately signed authorizations for releases of medical records due on or before October 24, 2008;

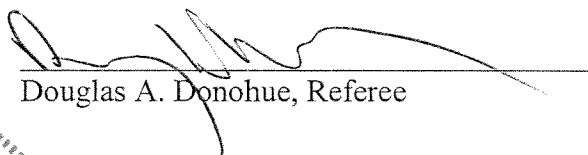
ORDER ON MOTION TO COMPEL AND SETTING A DEADLINE FOR CLAIMANT TO OBTAIN LEGAL COUNSEL AND NOTICE OF TELEPHONE CONFERENCE - 1

FURTHER, another telephone conference shall be held **NOVEMBER 4, 2008, AT 1:30 P.M.** A written appearance by an attorney for Claimant must be filed with the Commission before that telephone conference or Claimant shall be required to proceed *pro se* (representing himself) for the telephone conference.

IT IS SO ORDERED.

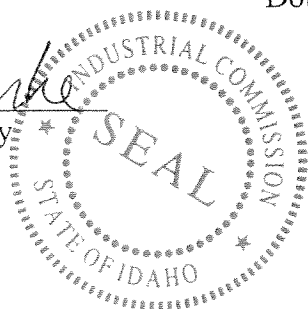
DATED this 2nd day of October, 2008.

INDUSTRIAL COMMISSION


Douglas A. Donohue, Referee

ATTEST:


Assistant Commission Secretary



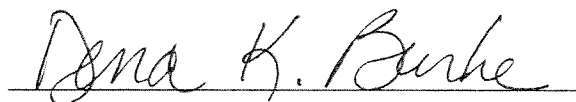
CERTIFICATE OF SERVICE

I hereby certify that on the 2nd day of October, 2008, a true and correct copy of the **ORDER ON MOTION TO COMPEL AND SETTING A DEADLINE FOR CLAIMANT TO OBTAIN LEGAL COUNSEL AND NOTICE OF TELEPHONE CONFERENCE** was served by regular United States Mail upon the following:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

Rachael M. O'Bar
P.O. Box 7426
Boise, ID 83707

db



ORDER ON MOTION TO COMPEL AND SETTING A DEADLINE FOR CLAIMANT TO OBTAIN LEGAL COUNSEL AND NOTICE OF TELEPHONE CONFERENCE - 2

Fax 08-332-7558

FAX

Before The Industrial Commission of the state of Idaho
Mr Donahue

IC 2008-013505

Date Oct 15, 2008

Do To Attorney withdraw from
The office Goicoechea Law office
That I had Sign a Contract with
about 2 weeks ago with Roger Brown and
now no longer working with There firm I
will need another Continuance for
30 days to hire another attorney
To handle my Case and To Respond
To There Request.

do To The Complacation of my
Case I need a Attorney.

Thank you for your time on This
matter

Sincerely
James Clark



PS. Letter forthcoming from
Goicoechea Law office.

INDUSTRIAL COMMISSION

OCT 15 2008

FILED

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

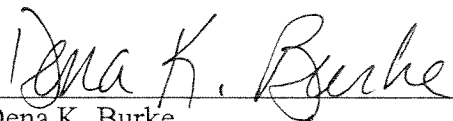
OCT 16 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 16th day of October, 2008, a true and correct copy of the
CLAIMANT'S LETTER REQUESTING A CONTINUANCE FOR 30 DAYS FAX/FILED
OCTOBER 15, 2008, in the above-entitled matter, was *Sent by Facsimile Machine Process*
to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION


Dena K. Burke
Assistant Commission Secretary

CERTIFICATE OF SERVICE - 1

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)	
)	
Claimant,	)	IC 2008-013505
v.)	
)	
CRY BABY FOODS, LLC,	)	ORDER ON REQUEST FOR
	)	CONTINUANCE AND CANCELLING
Employer,	)	TELEPHONE CONFERENCE
and)	
)	
IDAHO STATE INSURANCE FUND,	)	FILED
	)	OCT 17 2008
	)	INDUSTRIAL COMMISSION
Surety,)	
Defendants.)	

Pursuant to Claimant's letter filed October 15, 2008, requesting a continuance of his case so that he may find an attorney, the Referee reviewed the file and


HEREBY ORDERS that Claimant's request is GRANTED. Claimant shall give the Commission a written status due on or before November 17, 2008.

FURTHER, the telephone conference set November 4, 2008, is cancelled. The Referee will review Claimant's case after November 17, 2008, and proceeding accordingly.

IT IS SO ORDERED.

DATED this 17th day of October, 2008.

INDUSTRIAL COMMISSION


Douglas A. Donohue, Referee

ATTEST:


Assistant Commission Secretary

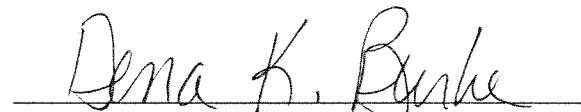
CERTIFICATE OF SERVICE

I hereby certify that on the 17th day of October, 2008, a true and correct copy of the **ORDER ON REQUEST FOR CONTINUANCE AND CANCELLING TELEPHONE CONFERENCE** was served by regular United States Mail upon the following:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

Rachael M. O'Bar
P.O. Box 7426
Boise, ID 83707

db



**ORDER ON REQUEST FOR CONTINUANCE
AND CANCELLING TELEPHONE CONFERENCE - 1**

SUBJECT: To Dismiss without PrejudiceDATE: 10-17-08

-FAX-

"ATT"

Claim NO. IC-2008-013505FAX NO. 208-332-7588

Mr Donahue

I am asking The Industrial Commission of The state of Idaho To Please Dismiss my Complaint File NO. IC 2008-013505 without Prejudice So I Can Concentrate on The Real problem my Injury.

I am Sorry for The inconvenience That I have Put on everyone.

I Should be happy The Insurance Company Is Paying for all They Should be doing.

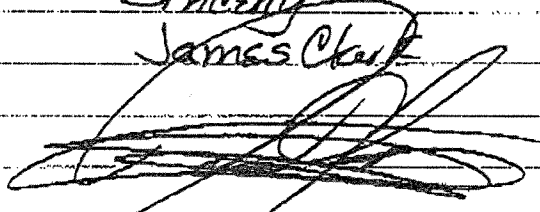
Except for The Treatment That They are denying That Could help with Some of The Pain That i am in 24hrs a day maybe down The Road They will give in So I am not in Pain all The Time.

So again Sir I would Like To have The Industrial Commission of The state of Idaho To Please Dismiss my Complaint without Prejudice.

Thank you for your Time on This matter.

Sincerely

James Clark



INDUSTRIAL COMMISSION

OCT 17 2008

FILED

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

OCT 17 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 17th day of October, 2008, a true and correct copy of the
CLAIMANT'S LETTER REQUESTING DISMISSAL FAX/FILED OCTOBER 17, 2008,
in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

CERTIFICATE OF SERVICE - 1

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O'Bar – ISB No.: 5823

 **ORIGINAL**

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

I.C. No. 08-013505

vs.

CRY BABY FOODS, LLC,

Employer,

**DEFENDANTS' RESPONSE TO
CLAIMANT'S LETTERS TO THE
COMMISSION**

and

IDAHO STATE INSURANCE FUND,

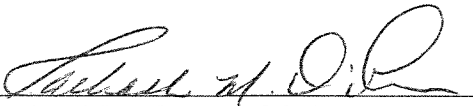
Surety,

Defendants.

COME NOW, Defendants, by and through their undersigned counsel of record, and hereby request that the Industrial Commission hold a telephonic status conference with the Parties at the earliest available date to discuss Claimant's October 16, 2008, letter requesting a continuance for 30 days, and his October 17, 2008, letter requesting dismissal.

DATED this 20th day of October, 2008.

ANDERSON, JULIAN & HULL LLP

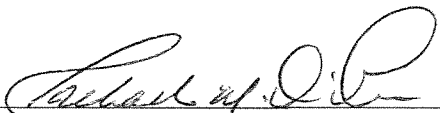
By: 
Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 20th day of October, 2008, I served a true and correct copy of the foregoing **DEFENDANTS' RESPONSE TO CLAIMANT'S LETTERS TO THE COMMISSION** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Railroad Lane
Payette, Idaho 83661

☒ U.S. Mail, postage prepaid
☐ Hand-Delivered
☐ Overnight Mail
☐ Facsimile


Rachael M. O'Bar

11/03/2008 14:08 FAX 208414

OLSEN ENTERPRISES

002/005

SUBJECT:

Advance Towards Impairment Rating

DATE:

NOV. 3, 2008

To Ms. Owen

C. [unclear]

To

Idaho State Insurance Fund
 Claim No. SIF 200806268
 IC No. 2008-013505

I am sorry that i had someone from
 my Bank Typ my first Request.

But I Believe That I The injured worker
 Should Request for The Advance ~~to~~ from my
 own words. SO

Again do To The Finacial Hardship That
 i am going Through I am Pleading the
 Idaho State Insurance Fund for a 3,000
 Dollars Advance against my Impairment Rating
 do To my work Related Injury That was not
 fault of mine.

A week and a half ago I lost a Truck do
 To The Fact That i did not have The money
 To keep it from being Taken.

It must Be nice To not Have To worrie
 about not having your Paier shut off.

I have already Had To Plea To The City
 of Weise not To shut my Blower off so i'm
 no Sitting around without heat. Because i keep
 getting Behind.

It must Be nice not To worrie That when
 you go To use your Phone that it wont Be working.

I have also had To Plea To sprint my
 Phone Service not To Cut me of so i can stay
 in Centad with all my medical provider's.
 Becaus I keep getting Behind.

Page 1 of 4

173

SUBJECT:

DATE:

NOV. 3. 08

Chimbo. 200806268

It must Be nice To Leave your Home and not have To worrie when you get Back That There is a notice To Vacate Because you ~~to~~ Cant Pay your Rent.

Because your already behind and your Rent is due again and you dont have all The money you need To Pay it.

I have also had To Pla To The new manegement of my Apartments To Please work with me on my Past + Future Rent.

Because I dont have The money To Pay in full. NOW Let's Talk about Food!!

It must be nice to know That you have a Choise what you Can have for Breakfast, Lunch, and Dinner

Your probly saying i Can go get Foodstamps To Help me with food NOT!!

I make ~~5~~ 5⁰⁰ dollar's yes 5⁰⁰ Dollar's more Then The Aloted amount That you Can make To get Foodstamps

I was Floored was I upset you Bet and you Can Belive That I Wised my opinionen Befor I Left But They have Rule's To Follow.

Then you all want To Take away my Pride and have me go moch for food and money from family with The Hard Time's That Family's are going Through I Cant Take food from Kid's and other family member's That are having hard Time's Themselves

Page 2 of 4

11/03/2008 14:09 FAX 2084144

OLSEN ENTERPRISES

004/005

SUBJECT:

DATE:

NOV. 3 - 08

Claim NO. 200806268

I Know its not your Responsibility To make
Sure That I have Food in my Apartment.

I Know its not your Responsibility To make
Sure That i Can Pay my Phone.

I Know its not your Responsibility To make
Sure I Can Pay my Rent.

I Know its not Your Responsibility To make
Sure I have Food To Eat.

I Know its not your Responsibility To make
Sure I have a good Thanksgiving or XMAS.

I'm I Trying To Tug at your Heart's no
BECAUSE I Don't Thank your Company for a Heart

I Thought The Insurance Company was for the
injured worker But I'm finding out That's not True.

I Fill That you are Trying To make me snap & Put
my Hands up and say I give. The LESS \$ you have
To Pay out The Better

Am I Right or wrong?

I'm not asking for The work To be given
I am ask for a 3,000 dollar Advance Towards
my Impairment Rating and for your Company
To show me The injured worker That your
Company dose have Some Compassion To
what I am going Through and That its not
all about you not having To do it.

I Know for A Fact A Fact That
you Can do This if you Choes To do So.

You would not Believe The stress That
having This extra money would Take off

Page 3 of 4

175

SUBJECT:

DATE:

Chum 110. 200806268

my shoulder not just the stress but
my mental stability and the emotional
stability that i have been going through.

This is why I am asking for the
3,000 Dollar Advance Towards my Impairment
Rating not to be Deducted from my Time loss
Checks But to Be Paid Back when the
Impairment Rating happens.

So please see it in your heart and do
the right thing to help me to release
some of my stress so i can pay on Bill's
and other obligations that I have.

I know for a fact that you can do
this if your willing to help me.

Thank you for your time on this matter

Sincerely

James Clark

Page 4 of 4

05
- Fax

2099 NOV - 3 1978

2009 NOV - 3 FACSIMILIE COVER SHEET

OLSEN ENTERPRISES

The Mall, 445 State

Weiser, ID 83672

U.S.A.

Phone/Fax (208) 414-4488

RECEIVED
INDUSTRIAL COMMISSION

SEND TO/ Mr. Donahue	FROM/ James Clark
ATTENTION/ Commission	DATE/ 11-3-08
FAX NUMBER/ 334 2321	PHONE NUMBER/

☐ URGENT ☐ REPLY ASAP ☐ PLEASE COMMENT ☐ PLEASE REVIEW ☐ FYI

TOTAL PAGES (including cover sheet)

COMMENTS/

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

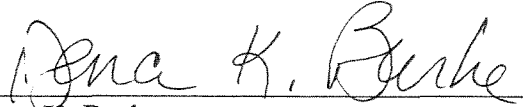
NOV - 4 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 4th day of November, 2008, a true and correct copy of the **CLAIMANT'S FAXED LETTER (5 pages) FILED NOVEMBER 3, 2008**, in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION


Dena K. Burke
Assistant Commission Secretary

CERTIFICATE OF SERVICE - 1

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

ORDER DISMISSING COMPLAINT

FILED

NOV 26 2008

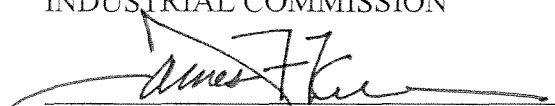
INDUSTRIAL COMMISSION

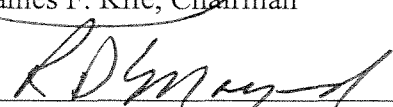
Pursuant to a telephone conference conducted by Referee Douglas A. Donohue on November 7, 2008, the Claimant requested that Claimant's Complaint be dismissed without prejudice. The Commission having fully considered the stipulation, finds good cause therefor.

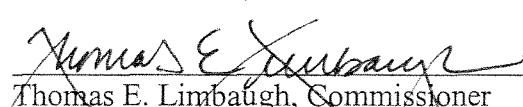
Accordingly, IT IS HEREBY ORDERED that the Complaint is DISMISSED, without prejudice, pursuant to Rule 12(D), JRP. The Complaint may be refiled with the Commission, unless precluded by the statutory time limitations provided within Title 72, Idaho Code.

DATED this 26th day of November, 2008.

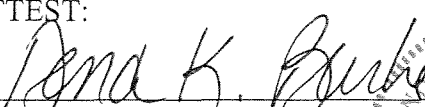
INDUSTRIAL COMMISSION


James F. Kile, Chairman

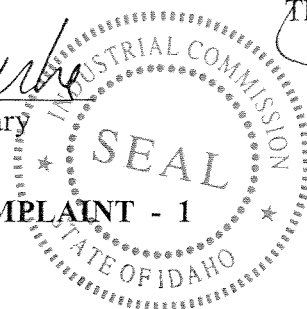

R. D. Maynard, Commissioner


Thomas E. Limbaugh, Commissioner

ATTEST:


Assistant Commission Secretary

ORDER DISMISSING COMPLAINT - 1



CERTIFICATE OF SERVICE

I hereby certify that on the 26th day of November, 2008, a true and correct copy of the **ORDER DISMISSING COMPLAINT** was served by regular United States Mail upon each of the following:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

Rachael M. O'Bar
P.O. Box 7426
Boise, ID 83707

db

Dona K. Burke

NOV. 29, 08

To Sir Mr. Donahue

If your not a man of
your words Then who are you.

for Sandy Baskett To
ask me To Lie To a future
employer That works with The
Insurance To get me Back
To work has Cross The Line
now.

and To Receive a Letter
from The Idaho state Insurance
fund saying They will not pay
for miltege & Some med's that
was given To me from a Doctor
that The Insurance is Paying
for me To See do To my work
Related injury April 17, 2008.
On or around NOV. 26, 2008.
and medical Bills.

There is over 700⁰⁰_{xx}
Dollar's of medical Bills that
is Due and if i don't Pay

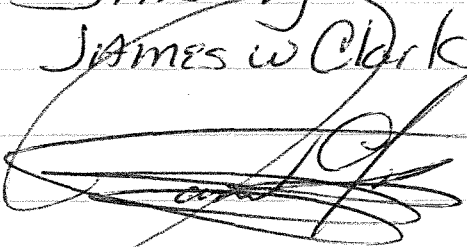
Then They Go To Collection's
and ~~Be~~ Destroy my Credit.
Because I am unable To
Pay.

I will show without a
Doubt That These Bills are
Related To my injury That
I Received at Cry Baby Foods LLC
on April 17, 2008.

I need This Hearing Set
as soon as possible & so
These Bills will not go To
Collection.

Thank you for your Time
on This matter

Claim No.
200806268

Sincerely
James W Clark


NOV 30, 08

To Sir Donohue

I would like a hearing
Before The Commission To Have
The Idaho State Insurance Fund
To Show Case why They Should
not Pay for a

- 1- A St. Hatz ganglion Block's
That was Requested on or around
August 08 By Dr Hansen That
would possible Control my Pain
Level That I have 24hrs a day.
Do To my Injury on April 17, 08
- 2- for a Medical Bill from
Weiser Ambulance District
for \$612.00 for 8/15/08. ~~for~~
Do To a Medication Reaction
That I had do To The ~~the~~ Pain
medicine I was Taking do
To The injury That I Received
at Cry Baby Food's, LLC.
on April 17, 2008

3. Perphenazine medication
That I Received from a
Dr. Heriza That The Idaho
State Insurance Fund is
Paying for To See do To my
Injury That I Received at
Cry baby Foods LLC on April 17, 08.

4. Transportation 2 Times a day
That I was Told To do as a
check in at The Mal. Co. Correction
for a week between Sept 8, 08
Thru Sept 18, 08 do To
~~for~~ a medication withdraw
That I had and a Backout on 8-22-08
do To The medication That
I was Receiving do To The
injury and Crush injury That
I Received from Cry Baby Foods LLC
on April 17, 2008
11 p

★ And at This Time my Dr.
Dr Hansen is Request from
The Idaho state Insurance To allow
Him To operate on my hand To Release
a nerv That is Pinch do To The fact
That They Denied To have a gangline
Block That would ~~also~~ help with
The Pain i have everyday do To my
injury on April 17, 2008. IF This
operation is denied while waiting
For a Showcause Hearing I
would like To bring up at Hearing
also To Showcause why The
Insurance fund will not Pay To
help Release my Pain.

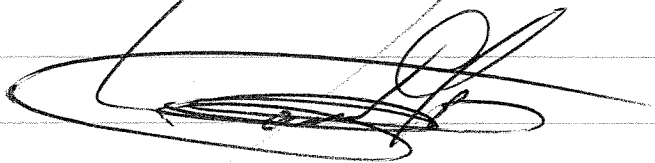
Thank you for your Time on
This matter.

Sincerely
James W Clark

Case no.

Claim no.

200806268



NOV, 30, 08

To Mr. Sir Donohue

at The showcause hearing
I upuld like for The Idaho
State Insurance Fund To

- 1 Produce
- 2 Bring Fauth
- 3 To Reveal

any Letter's that was sent To
me saying That They would not
Pay for prescription's By a
~~Dr. Heriza~~ Dr. Heriza for Perphenazine
That i am seeing That The
Insurance is Pay him for my services
Do To my injury on April 17, 2008.
Befor NOV. 25, 2008.

Mr. Heriza is my psychologist
That ~~is~~ work with me do to my injury on 4/17/08

Sincerely
James Clark

Claim no.
200806268



Dec 1, 08

Ms. Burke

would you please forward
Copies of The Show Cause hearing
Requests To The Attorney for The
Idaho State Insurance fund and
Copies To The Idaho state
Insurance fund if you would
Please.

Thank you for your Time on This
matter

Sincerely

claim no
200806268

James Clark



If you have any questions
Feel free To Call me at

my iPhone Jim Clark
208-405-9538 or
208-642-2810
message iPhone.

Dec
~~Sept~~ 1, 2008

To Mr. Sir Donohue

I would also like for The
Idaho State Insurance Fund

TO:

ShowCause:

To Produce

To Bring forth

To Point out

To Reveal

on How ~~THE~~ Carol Harland
with The Idaho state Insurance
fund and Sand Basket that works
for Idaho state Industrial
Commission Rehabilitation Division

was able To get me Released
Back To full time work on May 29,
2008 with out my knowledge
That i was To Return To work
and to ShowCause why I
was not allowed To see a Doctor
befor Returning To work on May 29, 08
To Inform me what my work Restrictions were
Claim no.

200806268

Sincerely

James Clark

Dec.
~~5~~ 1, 2008

Mr. Sir Donohue.

This is not a Complaint.
So The Idaho^{state} Insurance Fund
and There Attorney Can not
over welm me with Legal work
that I do not understand. I hope.

The unfair Tactic that The
Idaho state insurance fund and
There Attorney are trying to Pull
to get me JAMES Clark a person
and not a Case NO. To Buckle This
has got to come to a stop.

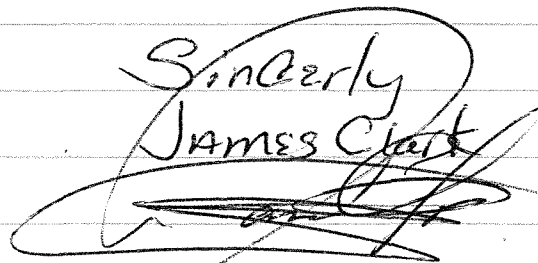
★ Yes its sad that I Can not
get a Attorney to Help Cause its
all about money.

★ And That's why I Believe that
The Insurance and There Attorney
Thank They Can get away with what
They are Doing Because you
The Commission will not Let me
Represent my self with is my
Right without a attorney.
"But it is my right."
So I am asking for a Hearing.

Its on The Idaho state
insurance fund not me. ~~to~~
Because its ~~on~~ on The Idaho
state Insurance fund To
Show Cause
To Produce
To Bring Forth
To See
To Point out
To reveal

~~That~~ why They The Idaho
state Insurance fund does
not Have To Pay These Bill's
That Surrounds and is Part of
my medical complocation's that
I have Had do To my injury
at Cry Baby Food's LLC. on
April 17, 2008.

Claim NO
200806268

Sincerely
James Clark


Discard after Reading

The Phrase

If you not a man of
your words Then who
are you.

is not Directed at You
MR Sir Donohue

~~If it takes time to build~~

What I am Trying To Say is I
am a man of my word's I have
Lived around this area for 17 year and
I'm not DisLike around here Because
I Lie or I'm Dishonest if Because
I am a man of my word.

This Page Does not NEED
TO BE Forworded Throw
away ~~James Clark~~ James Clark

Discard after Reading:

This is about my Credit
Mr Sir Donohue

This is The Last Thing i
need To have To worry about
There is no way That i Can
Keep These Bill's from going To
Collection's...

I Believe That i am asking
for This hearing In The
Right Legal Terms

a show Cause They Thz one's
allow sent me The Letter so It
Should Be on them To show
The Commission why They don't
Have To Pay These Bill's.

And my job is To show
Them and To you Mr Sir Donohue
That The Idaho state Insurance Fund
Should Pay.

Please give me a chance
To Have This hearing.

I am stable mentally To
Represent myself.

Thank you for your Time.

**CITY OF
WEISER**

**SPECIAL ARRANGEMENTS FOR PAYMENT
OF DELINQUENT ACCOUNTS**

Date 12/1/08

Customer Name <u>JAMES Clark</u>		Customer Number <u>10-1500-4</u>
Address <u>1286 W. 6th #9</u>		
Total Amount \$ <u>107.50</u>	Taken By <u>M. Claborg</u>	

1. Pay Account in Full by _____ (Date)

2. Pay 1/2 (delinquent date) _____; Balance _____ (Date)

3. Other Arrangements:

* Try to pay \$50.00 per
month. Starting 12/1/08

PAYMENT RECORD		
Date	Amount	Balance

If arrangements above are not kept, service will be disconnected after _____

(Date)

I hereby understand and agree to the above arrangements.

(Signed)

REC-31 A 11:22
FEB 11 2009
CITY OF WEISER



STATE INSURANCE FUND

November 26, 2008

JAMES CLARK
1286 W 6TH ST APT 9
WEISER ID 83672

RE: CLAIM#: 200806268
CLAIMANT: James Clark
EMPLOYER: Cry Baby Foods, LLC
DOI: 4/17/08

Dear Mr. Clark:

The State Insurance Fund is in receipt of billing from Malheur Council on Aging and Community Services for transportation relating to the above-captioned claim. Enclosed also for your review is a letter dated August 15, 2008, specifically stating transportation to and from scheduled doctor appointments only are to be covered by the State Insurance Fund. It was noted on the bill submitted by Malheur County that there appeared to be several trips to and from the Malheur County Correctional Facilities. Please be advised, these charges are not a covered expense and are, therefore, your responsibility.

It is also noted that prescriptions written by Thomas Heriza for Perphenazine are being billed to the State Insurance Fund. Please be advised this prescription is unrelated to your work injury and, therefore, payment for this medication is denied. Prescriptions written by Dr. Hansen and Dr. Moreland only will be considered.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact our office at (208) 332-2422.

Sincerely,

JEWEL OWEN
Legal Claims Examiner
JO:mg-200806268.doc

Enclosure

cc: Malheur Council on Aging and Community Services
Third Party Solutions



STATE INSURANCE FUND

August 15, 2008

JAMES CLARK
1286 W 6TH ST
WEISER ID 83672

RE: CLAIM#: 200806268
CLAIMANT: James Clark
EMPLOYER: Cry Baby Foods
SSN: [REDACTED]
DOI: 4/17/08

Dear Mr. Clark:

Please be advised, transportation has been arranged for you through the Malheur Council on Aging. Transportation to and from scheduled doctors appointments only will be covered. You will be responsible for contacting the Malheur Council on Aging 48-hours prior to your medical appointment. Their phone number is (541) 881-0000. Malheur Council on Aging will direct bill the State Insurance Fund. Further mileage reimbursement past the date of this letter will not be considered.

Thank you for your attention to this matter. If you have any questions, please call our office me at (208) 332-2422.

Sincerely,

JEWEL OWEN
Senior Claims Examiner
JO:lb-07544 doc

Enclosure

cc: File ✓
Malheur Council on Aging
Industrial Commission
Alan K. Hull, Esq.

5308152008010

9/10/2008 8:00:00	Clark, James	1286 West 6th St.	Weiser	Mal. Co. Correct. (168	NA	\$23.00	Nelson, Mark	0	Charge	Weiser/ Ont.
9/10/2008 8:45:00	Clark, James	Mal. Co. Correct. (	NA	10402 Railroad Ln.	Payette	\$8.00	Nelson, Mark	0	Charge	PP Payette/Ont
9/10/2008 3:30:00	Clark, James	1286 West 6th St.	Weiser	Mal. Co. Correct. (168	NA	\$23.00	Stretch, Rusty	0	Charge	Weiser/ Ont.
9/10/2008 4:15:00	Clark, James	Mal. Co. Correct. (	NA	1286 West 6th St.	Weiser	\$23.00	Stretch, Rusty	0	Charge	Weiser/ Ont.
9/11/2008 8:00:00	Clark, James	1286 West 6th St.	Weiser	Mal. Co. Correct. (168	NA	\$23.00	Swanson, Andy	0	Charge	Weiser/ Ont.
9/11/2008 8:45:00	Clark, James	Mal. Co. Correct. (	NA	1286 West 6th St.	Weiser	\$23.00	Swanson, Andy	0	Charge	Weiser/ Ont.
9/11/2008 1:30:00	Clark, James	1286 West 6th St.	Weiser	SOR (898 SW 4th Ave	Ontario	\$23.00	NA	0	Charge	Weiser/ Ont.
9/11/2008 3:00:00	Clark, James	SOR (898 SW 4th	Ontario	Mal. Co. Correct. (168	NA	\$3.00	NA	0	Charge	Inter-city
9/11/2008 3:30:00	Clark, James	Mal. Co. Correct. (	NA	1286 West 6th St.	Weiser	\$3.00	NA	0	Charge	Inter-city
9/12/2008 8:45:00	Clark, James	Mal. Co. Correct. (	NA	1286 West 6th St.	Weiser	\$23.00	Petterson, Jim	20	Charge	Weiser/ Ont.
9/12/2008 10:30:00	Clark, James	1286 West 6th St.	Weiser	Dominican Health Bld	Fruitland	\$23.00	Stretch, Rusty	19	Charge	Weiser/ Ont.
9/12/2008 12:00:00	Clark, James	Dominican Health	Fruitland	Lifeways (702 Sunset	Ontario	\$5.00	Stretch, Rusty	5	Charge	PP Fruitland/Ont
9/12/2008 3:30:00	Clark, James	Mal. Co. Correct. (	NA	1286 West 6th St.	Weiser	\$3.00	Stretch, Rusty	0	Charge	Inter-city
9/15/2008 12:30:00	Clark, James	1286 West 6th St.	Weiser	Lifeways (702 Sunset	Ontario	\$23.00	Stretch, Rusty	0	Charge	Weiser/ Ont.
9/15/2008 1:45:00	Clark, James	Lifeways (702 Sun	Ontario	SOR (898 SW 4th Ave	Ontario	\$3.00	Harvey, Rhonda	1	Charge	Inter-city
9/15/2008 3:00:00	Clark, James	SOR (898 SW 4th	Ontario	1286 West 6th St.	Weiser	\$23.00	Harvey, Rhonda	19	Charge	Weiser/ Ont.
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9/16/2008 3:45:00	Clark, James	Mal. Co. Correct. (NA	SOR (898 SW 4th Ave	Ontario	\$3.00	Stretch, Rusty	0	Charge	Inter-city
9/16/2008 5:00:00	Clark, James	SOR (898 SW 4th	Ontario	1286 West 6th St.	Weiser	\$23.00	Harvey, Rhonda	0	Charge	Weiser/ Ont.
9/17/2008 8:00:00	Clark, James	1286 West 6th St.	Weiser	Mal. Co. Correct. (168	NA	\$23.00	Swanson, Andy	0	Charge	Weiser/ Ont.
9/17/2008 2:30:00	Clark, James	1286 West 6th St.	Weiser	SOR (898 SW 4th Ave	Ontario	\$23.00	Petterson, Jim	0	Charge	Weiser/ Ont.
9/17/2008 4:00:00	Clark, James	SOR (898 SW 4th	Ontario	1286 West 6th St.	Weiser	\$23.00	Petterson, Jim	0	Charge	Weiser/ Ont.
9/17/2008 4:30:00	Clark, James	Mal. Co. Correct. (	NA	1286 West 6th St.	Weiser	\$23.00	Petterson, Jim	0	Charge	Weiser/ Ont.
9/18/2008 8:00:00	Clark, James	1286 West 6th St.	Weiser	Mal. Co. Correct. (168	NA	\$23.00	Swanson, Andy	0	Charge	Weiser/ Ont.
9/18/2008 8:45:00	Clark, James	Mal. Co. Correct. (	NA	1286 West 6th St.	Weiser	\$23.00	Swanson, Andy	0	Charge	Weiser/ Ont.
9/18/2008 3:00:00	Clark, James	1286 West 6th St.	Weiser	Mal. Co. Correct. (168	NA	\$23.00	Stretch, Rusty	0	Charge	Weiser/ Ont.
9/18/2008 3:30:00	Clark, James	1286 West 6th St.	Weiser	SOR (898 SW 4th Ave	Ontario	\$23.00	Harvey, Rhonda	20	Charge	Weiser/ Ont.
9/18/2008 5:00:00	Clark, James	SOR (898 SW 4th	Ontario	1286 West 6th St.	Weiser	\$23.00	Harvey, Rhonda	20	Charge	Weiser/ Ont.
9/19/2008 2:30:00	Clark, James	1286 West 6th St.	Weiser	SOR (898 SW 4th Ave	Ontario	\$23.00	Petterson, Jim	20	Charge	Weiser/ Ont.
9/19/2008 4:00:00	Clark, James	SOR (898 SW 4th	Ontario	1286 West 6th St.	Weiser	\$23.00	Petterson, Jim	20	Charge	Weiser/ Ont.
9/22/2008 8:30:00	Clark, James	1286 West 6th St.	Weiser	SOR (898 SW 4th Ave	Ontario	\$23.00	Petterson, Jim	20	Charge	Weiser/ Ont.
9/22/2008 10:00:00	Clark, James	SOR (898 SW 4th	Ontario	1286 West 6th St.	Weiser	\$23.00	Petterson, Jim	20	Charge	Weiser/ Ont.
9/22/2008 4:30:00	Clark, James	1286 West 6th St.	Weiser	Lifeways (702 Sunset	Ontario	\$23.00	Petterson, Jim	20	Charge	Weiser/ Ont.
9/22/2008 6:00:00	Clark, James	Lifeways (702 Sun	Ontario	1286 West 6th St.	Weiser	\$23.00	Petterson, Jim	20	Charge	Weiser/ Ont.
9/23/2008 7:30:00	Clark, James	1286 West 6th St.	Weiser	SOR (898 SW 4th Ave	Ontario	\$23.00	Swanson, Andy	20	Charge	Weiser/ Ont.
9/23/2008 8:45:00	Clark, James	SOR (898 SW 4th	Ontario	Lifeways (702 Sunset	Ontario	\$3.00	Swanson, Andy	2	Charge	Inter-city
9/23/2008 10:00:00	Clark, James	Lifeways (702 Sun	Ontario	1286 West 6th St.	Weiser	\$23.00	Swanson, Andy	20	Charge	Weiser/ Ont.
9/24/2008 8:30:00	Clark, James	1286 West 6th St.	Weiser	SOR (898 SW 4th Ave	Ontario	\$23.00	Swanson, Andy	20	Charge	Weiser/ Ont.

September, 2008

Mon Sep 1, 08 to Tue Sep 30, 08

Printed on Thu Nov 13, 08

Client: Clark, James
 Provider: All
 Route: All
 Driver: All
 Vehicle: All
 Pickup City: All
 Delivery City: All
 Pickup Zone: All
 Delivery Zone: All
 Purpose: All
 Fare Type: All
 Funder: MCOA/Special
 Spl Need: All
 Trip Code: All
 Age Group: All
 Jurisdiction: All
 Ethnicity: All
 DB List 1: All
 DB List 2: All
 DB List 3: All
 DB List 4: All

Trips: 59
 Clients: 1
 Passengers: 59
 Total Fare: 1345.00
 Trip Miles: 631.00
 Client Odom: 0.00
 Total Odom: 0.00

Pickup Time	Client Name	Pickup Address	Pickup City	Delivery Address	Dropoff City	Fare	Driver	Trip Mile	Fare Type	Rate Type
9/9/2008 8:00:00 A	Clark, James	1286 West 6th St.	Weiser	Mal. Co. Correct. (168	NA	\$23.00	Swanson, Andy	0	Charge	Weiser/ Ont.
9/9/2008 8:45:00 A	Clark, James	Mal. Co. Correct. (	NA	10402 Railroad Ln.	Payette	\$8.00	Swanson, Andy	0	Charge	PP Payette/Ont
9/9/2008 10:15:00	Clark, James	1286 West 6th St.	Weiser	208 E. Elm St.	Caldwell	\$38.00	Petterson, Jim	51	Charge	PP
9/9/2008 12:15:00	Clark, James	208 E. Elm St.	Caldwell	1286 West 6th St.	Weiser	\$38.00	Petterson, Jim	51	Charge	PP
9/9/2008 12:15:00	Clark, James	208 E. Elm St.	Caldwell	Mal. Co. Correct. (168	NA	\$30.00	NA	0	Charge	PP
9/9/2008 3:15:00 P	Clark, James	1286 West 6th St.	Weiser	Mal. Co. Correct. (168	NA	\$23.00	Petterson, Jim	20	Charge	Weiser/ Ont.
9/9/2008 3:45:00 P	Clark, James	Mal. Co. Correct. (	NA	SOR (898 SW 4th Ave	Ontario	\$3.00	Petterson, Jim	2	Charge	Inter-city
9/9/2008 4:00:00 P	Clark, James	MCOA (842 SE. 1	Ontario	Mal. Co. Correct. (168	NA	\$30.00	NA	0	Charge	PP
9/9/2008 4:15:00 P	Clark, James	Mal. Co. Correct. (	NA	1286 West 6th St.	Weiser	\$23.00	NA	0	Charge	Weiser/ Ont.
9/9/2008 5:00:00 P	Clark, James	SOR (898 SW 4th	Ontario	1286 West 6th St.	Weiser	\$23.00	Harvey, Rhonda	20	Charge	Weiser/ Ont.

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Claim NO. 20080626

James Clark
3402 Rail Road Lane
Paysville Idaho
83661

Dena Burke

c/o Douglas A. Donohue

State of Idaho Industrial Commission

P.O. Box 83720

Boise Idaho

83720-0041



BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

DEC - 4 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 4th day of December, 2008, a true and correct copy of the **CLAIMANT'S LETTERS FILED DECEMBER 3, 2008 (18 pages)** in the above-entitled **matter**, were served by regular United States Mail to the following:

Rachael M. O'Bar
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke

Dena K. Burke
Assistant Commission Secretary

Sent copy of Certificate of Service only to:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

CERTIFICATE OF SERVICE - 1